



SERVICE-LEARNING PROGRAM ~ STUDENT SATISFACTION QUESTIONNAIRE

Your feedback is crucial to the continued development of the DCCCD Service-Learning Program. Please take a few minutes to fill out this form and let us know what you think. Thank you!

Course Name and Number: _____ College: _____ Service-Learning Agency Site: _____

About the Service-Learning Program Staff:

- 1. How would you rate the information you received?
___Excellent ___Good ___Fair ___Poor ___No opinion
2. How would you rate the printed material provided?
___Excellent ___Good ___Fair ___Poor ___No opinion
3. How would you rate the helpfulness of the staff in getting you signed up and placed?
___Excellent ___Good ___Fair ___Poor ___No opinion
4. How was the general orientation you went through?
___Excellent ___Good ___Fair ___Poor ___Not applicable
5. How often did you have contact with Service-Learning Project staff?
___Frequently ___Occasionally ___Seldom ___Never
6. Could you understand what was expected of you?
___Yes ___No ___No opinion
7. How can the Service-Learning staff improve their services and better assist students? _____

About your service project:

- 8. How many hours of service did you perform? _____ hours
9. How challenging was the service at your agency?
___Very much ___Somewhat ___Not at all ___No opinion
10. How interesting were your tasks and assignments?
___Very much ___Somewhat ___Not at all ___No opinion
11. Were persons at your agency helpful in getting you started with your project?
___Very much ___Somewhat ___Not at all ___No opinion
12. How much did you learn from working at your agency?
___Very much ___Somewhat ___Not at all ___No opinion
13. Did your service project change your perceptions/attitudes about the role of community service?
___Very much ___Somewhat ___Not at all ___No opinion
14. Do you feel you made a significant contribution to your community?
___Very much ___Somewhat ___Not at all ___No opinion
15. Were you impressed by the services your agency provided to the community?
___Very much ___Somewhat ___Not at all ___No opinion
16. Did your Service-Learning experience change your career or educational plans?
___Very much ___Somewhat ___Not at all ___No opinion
17. Would you do another Service-Learning project at the same agency if you had a chance?
___Yes ___No ___No opinion
18. Would you consider doing another Service-Learning project at a different agency?
___Yes ___No ___No opinion
19. Would you recommend Service-Learning to your friends?
___Yes ___No ___No opinion
20. Did you think your Service-Learning project helped you in better understanding your classwork or lectures?
___Yes ___No ___No opinion

Can you think of any suggestions on how the community agencies where you did your service can improve the experience in the future?