

Ontario Colleges of Applied Arts and Technology

The information asked for in this survey is collected under the legal authority of subsection 8(2) of Ontario Regulation 34/03 made under the Ontario Colleges of Applied Arts and Technology Act, 2002. The information is used for the administrative and statistical purposes of the college and the ministry, and the publication of the Employment Profile. Only collective information will be reported - individual responses will be kept confidential.

KPI Student Satisfaction and Engagement Survey

This survey provides you with an opportunity to give feedback about your program and your college. It is not an evaluation of this specific course, subject or teacher.

Please do not mark in this area.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

SECTION A:

1. Please mark the alphanumeric code identifying your program and campus in the following selection box. A list of codes has been printed on the back of the instruction sheet provided to you.

Alphanumeric program code:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																

2. In which semester/term/level are you currently enrolled?

1
 2
 3
 4
 5
 6
 7
 8
 Other

SECTION B: Please think about how the learning experiences in THIS PROGRAM relate to YOUR future, and then rate the importance of, and YOUR SATISFACTION with the following:

(If you choose 'NOT APPLICABLE', move to the next question. Do not complete the IMPORTANCE or SATISFACTION questions.)

This program...

	IMPORTANCE			SATISFACTION				
	NOT APPLICABLE	Not Important	Important	Very Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	
3. Provides you with skills and abilities specific to your chosen career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provides you with skills and abilities helpful for your future life outside of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Helps you understand your career options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Develops your writing skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Develops your speaking skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Develops your math skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Develops your ability to work with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Develops your ability to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Develops your computer skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Helps you understand further education opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. OVERALL, your program is giving you knowledge and skills that will be useful in your future career.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: Please indicate YOUR usage of the following facilities/resources. Rate how important they are to YOU, and if you used them, rate YOUR SATISFACTION with them.

USAGE
Did Not Use/ Not Available
Low Use
High Use

IMPORTANCE
Not Important
Important

SATISFACTION
Very Dissatisfied
Neither Satisfied nor Dissatisfied
Very Satisfied

40. Library facilities/resources (e.g., physical space, books, journals, online databases).	1	2	3	1	2	1	2	3	4	5
41. Internet connectivity.	1	2	3	1	2	1	2	3	4	5
42. Lab/shop facilities.	1	2	3	1	2	1	2	3	4	5
43. Individual/group study space.	1	2	3	1	2	1	2	3	4	5
44. Social spaces (e.g., lounge areas).	1	2	3	1	2	1	2	3	4	5
45. Recreation and athletics facilities.	1	2	3	1	2	1	2	3	4	5
46. Accessibility of buildings, classrooms, and lab/shops for students with disabilities.				1	2	1	2	3	4	5
47. Cleanliness of buildings and rooms (e.g., classrooms, hallways, study spaces, washrooms).				1	2	1	2	3	4	5
48. General condition of buildings and campus grounds.				1	2	1	2	3	4	5
49. The OVERALL quality of the facilities/resources in the college.				1	2	1	2	3	4	5

SECTION F: Please rate the importance of, and your satisfaction with:

50. The concern of people at this college for your success.	1	2	1	2	3	4	5
51. Your overall college experience.	1	2	1	2	3	4	5

SECTION G: Please think IN GENERAL about all your courses and experiences at this college.

This college...

52. Encourages you to spend time on your coursework.	1	2	3	4	5
53. Provides support to deal with your coursework.	1	2	3	4	5
54. Provides support to deal with your non-academic responsibilities (e.g., work, family, etc.).	1	2	3	4	5
55. Provides information on social opportunities.	1	2	3	4	5
56. Provides information on student financial aid services.	1	2	3	4	5
57. Has at least one person you can rely on for useful information (e.g., teacher, counsellor, other staff, student).	1	2	3	4	5
58. Provides you with challenging courses.	1	2	3	4	5

SECTION H: Please think IN GENERAL about all your courses and experiences at this college.

How often do you...

59. Participate in class discussions?	1	2	3	4	5
60. Present information to your class?	1	2	3	4	5
61. Work with other students on assignments/projects?	1	2	3	4	5
62. Review an assignment/project before submitting it?	1	2	3	4	5
63. Complete homework assignments/projects on time?	1	2	3	4	5
64. Discuss your course performance with a teacher?	1	2	3	4	5
65. Work hard to meet the demands of your courses?	1	2	3	4	5

SECTION I: The college is interested in understanding demands on students' time while at college.

Estimate to the nearest hour, how many hours you spend in a typical 7-day week doing each of the following:

	None	1-5 hours	6-10 hours	11-15 hours	16-20 hours	21-25 hours	More than 25 hours
66. Traveling to and from the college.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
67. Coursework outside of class.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
68. Participating in college activities other than attending classes or labs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
69. Participating in volunteer activities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
70. Working for pay.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
71. Providing care for dependents (e.g., children, spouse/partner, relatives, etc.).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

SECTION J: To help us group responses, please provide the following information about yourself: (No information which could identify an individual will be reported.)

72. You are: Female Male

73. Your age is (in years):

- 1 Less than 21 2 21-25 3 26-30 4 31-35 5 More than 35

74. Your first language is:

- 1 English 2 French 3 Other

75. The education you completed before entering this program includes: (Select all that apply.)

- 1 High school diploma 5 Some university
 2 College upgrading 6 University degree
 3 Some previous college 7 Other
 4 College diploma 8 None of the above

76. Your main goal in enrolling in this program is: (Select only one.)

- 1 To prepare for employment/career
 2 To prepare for further college or university study
 3 To pursue an interest or for personal development
 4 Other

77. You are registered as a:

- 1 Full-time student 2 Part-time student

78. Are you enrolled at Mohawk College on an International Study permit?

- 1 Yes 2 No

79. Are you registered in a Co-op Diploma Apprenticeship (CODA) program?

- 1 Yes 2 No 3 Do not know

80. Has either of your parents/guardians ever attended a university or college?

- 1 Yes 2 No

81. Do you consider yourself to have a physical, intellectual, mental health or learning disability?

- 1 Yes 2 No 3 Prefer not to say

SECTION K: College-Specific Questions

82. Do you identify as having Aboriginal ancestry or as First Nations, Métis, Inuit or as part of the Indigenous peoples of North America?

- 1 Yes
 2 No

83. Which of the following was MOST important to you in making your college choice? (Select One Only)

- 1 Twitter
 2 Facebook
 3 Email
 4 Print (newspaper, magazine)
 5 Radio
 6 Community/Billboards
 7 Television
 8 Internet Advertising
 9 Other

84. How would you like us to provide you with new and important information during the semester? (Select One Only)

- 1 Posters in the hallways
 2 College Website
 3 Your @mohawkcollege.ca email
 4 Your @elearn.mohawkcollege.ca email
 5 Your personal email

85. Do you own an electronic device, like a laptop, tablet or netbook that you can use to take notes in the classroom?

- 1 Yes
 2 No

86. Have you utilized any MSA (Mohawk Students' Association) services in the past year?

- 1 Yes
 2 No

Thank you for your participation.