



HLC Accreditation Evidence

Title: Accreditation: Student Survey Follow Up Template

URL:

Office of Origin: Vice President of Instruction

Contacts:

- Coordinator of Workforce Training Projects and Events



Student Survey Follow-Up 2021

Please return this survey by December 10th

Name: _____ Major: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone (____) _____ email address: _____

1. What is your overall rating of the technical training you received from Barton?
 Excellent Very Good Satisfactory Poor Very Poor
2. Would you recommend BCCC to a colleague or friend? Yes No
3. Did you sit for a certification/licensing exam associated with your program
a. If Yes, Name of Exam: _____
b. Did you pass the exam? Yes No
4. What is your overall rating of the student services you received while at Barton?
(Example: Counseling, Library, Testing Center, School Nurse, Advisement, etc)
Excellent Very Good Satisfactory Poor Very Poor

Are You: ____ in Military service, full-time	Are You: ____ Employed, but in unrelated field
Are You: ____ Employed, related to field of study	Are You: ____ Continuing your education
Are You: ____ Not in labor force or pursuing education	Are You: ____ Unemployed
Are You: ____ Furthering your Education, employed in field	Are You: ____ Disabled

Required Employment Data (If employed, please complete each item):

Company Name: _____ Department: _____
Supervisor: _____ Supervisor Email: _____
Company Address: _____ City: _____ State: ____ Zip: _____
Company Phone: (____) _____

Additional Comments:

THANK YOU FOR COMPLETING THIS SURVEY.