Columbia College **Customer Satisfaction Survey Program Plan of Action**

Clarification of Terms

These words or phrases indicate actions or activities that are essential or mandatory.

This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory.

These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document. Must: Shall: Will: May or Could; Can:

TO: Department Managers/Chairpersons

FROM: Tom Snell

RE: Customer Satisfaction Survey, "Enrolled Student – Program Feedback"

- 1. Please find attached original copies and a summary graph of the above survey.
- 2. Please review the survey results with all program personnel.
- 3. Acknowledge the items in which your program did well and discuss ways to improve in the areas that generated lower responses.
- 4. At least once every two years the Department Chair should review with his/her team previous survey results.

Document Name: Program Plan of Action

Approval Date: September 27, 2010

Document Number: ADM-F091
Revision #5 NOTE: Revisions to this document can be made following procedures outlined in Document #ADM-P014 – Document Control Policy and Procedures

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TO:	Department Manager/Chairpersons		DATE SURVEY WAS SUMMARIZED:	
PROGRAM:			FROM:	The College President
			docume	sign, date, and return this memo and the accompanying ents to the President ASAP and include this item in the onthly meeting.
RE: Customer Satisfaction Survey (Enrolled Student - Survey Regarding Their Program)				
I recently reviewed your latest Enrolled Student - Survey Regarding Their Program.				
Please review the survey results as well as the individual response sheets attached, also compare this result with your previous survey results (if applicable). As you may know, Columbia's goal is to achieve summary scores of 4.0 or higher for each question.				
Please take time to reflect on the <u>positive responses</u> and congratulate yourself and your team. Next, review with your team the response scores and suggested comments for improvements.				
A. Please summarize your team's impressions about the program survey results.				
B. For continuous program improvement, identify up to three areas that your team would like to improve on by your program's next satisfaction survey. If your scores are all above 4.0 you may choose one or more other areas of the program that would benefit attention. Beside each area to address, describe the plan of action your team feels will enhance the program's effectiveness.				
Correspond Question		Areas to Addres	ss	Plan of Action
_				
What was your overall program score on the previous survey? (if applicable) Score:				
Program/Department Manager Signature Date				
NEXT STEP				

NEXT STEP

2.

Please note that you or the College President may initiate a meeting to discuss the survey results further. All relevant documents will be kept by the President and yourself. These documents should aid in the continuous pursuit of excellence in future program plans. At least once every two years the Department Chair should review previous results with the President.

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