

Program/Department Customer Satisfaction Survey, Annual Results and Responses

Program/Department Analysis

NOTE:	Clarification of Terms
Must; Shall; Will:	These words or phrases indicate actions or activities that are <i>essential</i> or <i>mandatory</i> .
Should:	This word implies that it is highly desirable to perform certain actions or activities, but not <i>essential</i> or <i>mandatory</i> .
May or Could; Can:	These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.

Background

Each year, the College engages in numerous surveys of various customer groups including students, staff, faculty, and employers. In the early fall, the results of the surveys are compiled and distributed to chairs/managers and their team. Their task is to review, analyze and determine possible actions that can be taken to improve the quality of their programs/department. These reviews normally take place in September and October. By late November, each chair/manager reviews his/her recommendations with the President. Results of these discussions may see current year changes in the program/department, may lead to further study, or may be included in program/department plans of the next corporate year.

Introduction

This document was developed to assist Chairs/Manager and their teams in compiling an annual review of their program/department's Customer Satisfaction Surveys. It is divided into three sections. Section 1 provides for an Overall Assessment of the Customer Satisfaction Survey Results. Section 2 provides for an Assessment of Specific Survey Results. Section 3 asks for Other Recommendations and Back-Up Documents.

Directions

Chairs/Managers, please review the following sections of the survey document with your program/department team:

1. Include it as an agenda item for your next team meeting.
2. Identify a list of changes for your program/department.
3. Complete and submit the document to the President at least one week in advance of your meeting with him so that he has time to read and reflect on your recommendations.

Program/Department Analysis

1. Overall Assessment of this year's Customer Satisfaction Survey Results

- 1.1 Current Year Results – Summarize your reactions about the current year's survey results related to your program/department.

- 1.2 In relation to the previous year's results – Summarize your reaction to your current year's program results in comparison to your program/department's previous year?

2. Assessment of Specific Survey Results

- For each designated section of the survey, identify up to three specific areas you are concerned with.
- To the right of each, identify the question, its rating, and area of concern.
- State what specific change(s) or action(s) need to take place in order to improve this area.
- Indicate when the change should take place and the cost to be added to your program/department budget in order to implement the change or action.
- Leave the final column blank.

A Note About the Number of Responses to a Survey

In order to consider the results of any survey valid, there should be at least a 25 percent response rate. When surveying smaller numbers of people (example 1-10 people), there should be at least a 50 percent response rate. Therefore, when reading each section of your program/department survey results, make sure you have a large enough percentage of responses. If the percent of responses is too small for a specific section, ignore the results and go on to the next section.

2.1 Non-Facilitational Staff results for **This Program/Department** Only

No. Surveyed _____, No. Responding _____, Percentage of Response _____

This is a review of recommended changes to your Program/Department. Please base your recommended changes on the section(s) or question(s) that relate to your program/department only. (Please leave out recommendations related to other programs/departments or related to the section The College President.)

Question #	Rating	Area of Concern	Change or Action Needed	Date to Implement	Cost of Implementation	President's Position

2.2 Facilitational Staff results for **This Program/Department** Only

No. Surveyed _____, No. Responding _____, Percentage of Response _____

This is a review of recommended changes to your Program/Department. Please base your recommended changes on the section(s) or question(s) that relate to your program/department only. (Please leave out recommendations related to other programs/departments or related to the section The College President.)

Question #	Rating	Area of Concern	Change or Action Needed	Date to Implement	Cost of Implementation	President's Position
1.						
2.						
3.						

2.3 Practicum Employer or Employer of Graduate results for **This Program** Only

No. Surveyed _____, No. Responding _____, Percentage of Response _____

Question #	Rating	Area of Concern	Change or Action Needed	Date to Implement	Cost of Implementation	President's Position
1.						
2.						
3.						

2.4 Enrolled Students Regarding Their Course Facilitator results for **This Program** Only

No. Surveyed _____, No. Responding _____, Percentage of Response _____

Question #	Rating	Area of Concern	Change or Action Needed	Date to Implement	Cost of Implementation	President's Position
1.						
2.						
3.						

2.5 Enrolled Students Regarding Their Program as a Whole results for **This Program** only

No. Surveyed _____, No. Responding _____, Percentage of Response _____

Question #	Rating	Area of Concern	Change or Action Needed	Date to Implement	Cost of Implementation	President's Position
1.						
2.						
3.						

2.6 Graduate Student results for **This Program** Only

No. Surveyed _____, No. Responding _____, Percentage of Response _____

Question #	Rating	Area of Concern	Change or Action Needed	Date to Implement	Cost of Implementation	President's Position
1.						
2.						
3.						

2.7 Other Potential Program Changes for This Program/Department Only

This list does not have to come from the annual Customer Satisfaction Survey Results.

Question #	Rating	Area of Concern	Change or Action Needed	Date to Implement	Cost of Implementation	President's Position

3. Other Recommendations and Back-Up Documents

Please attach any other recommendations to this document that you feel are relevant, along with any back-up budget information or calculations you feel support your recommendations.