



FALL 2018 STUDENT SURVEY

Los Angeles Community Colleges

Your Experience and Opinions are Important!

You were selected! Please **help your college** to do a better job by telling us about your background and your experiences with the education you are receiving. Your responses are kept confidential and the results will only be used for improving your college's services and programs. The survey takes an average of 30 minutes to complete. Please think about your primary/home LACCD college when answering the survey questions.

STUDENT INFORMATION

I. Which LACCD college do you consider to be your PRIMARY/HOME college? *(This is a required field)*

- | | | |
|-------------------------------|---------------------------------|----------------------------------|
| <input type="radio"/> City | <input type="radio"/> Mission | <input type="radio"/> Trade-Tech |
| <input type="radio"/> East LA | <input type="radio"/> Pierce | <input type="radio"/> Valley |
| <input type="radio"/> Harbor | <input type="radio"/> Southwest | <input type="radio"/> West LA |

II. Are you also enrolled in any of the following? *(Select all that apply)*

- High school
- Another LACCD college
- Other 2-year college (outside of LACCD)
- 4-year college

III. What is your Student ID number? (9 digit number starting with 88 or 90; no dashes or spaces) *(This is a required field)*

[Textbox, 9 digits]

A. GOALS AND PLANS

1. How much did each SOURCE of information impact your decision to enroll at [College Name]?

(Mark one response for each item)

- Not Applicable
- Very Much
- Some
- Very Little
- Not At All

- a. Newspaper, radio, or television advertisement
- b. High school advisor, counselor, or teacher
- c. College representative or recruiter coming to my high school
- d. College or District website (e.g., class schedule, catalog, program information)
- e. Family or friends
- f. Current or former students
- g. Workplace notice, program, or employer's recommendation
- h. Social Media
- i. College information mailed to my home (e.g., flyer, course schedules)
- j. Bus/Train Advertisement

k. Is there another source of information that impacted your decision to enroll at this college?

[Textbox]

2. How important was each REASON in your decision to enroll at [College Name]?

(Mark one response for each item)

- Not Applicable
- Very Important
- Important
- Somewhat Not Important
- Not Important

- a. Minimal admission requirements
- b. Low cost
- c. Specific educational program
- d. Availability of online courses
- e. Close to home or work
- f. Availability of public transportation
- g. Have friends or relatives who attend this college
- h. College promise/First Year Experience (FYE) Programs
- i. Specific Student Service (e.g., CalWORKS, Reentry, Foster Youth, International, Dream Resource Center)
- j. Is there another reason that was important in making your decision to enroll at this college?
[Textbox]

3. Have any of the following been a problem for you in reaching your academic goals?

(Mark one response for each item)

- Not Applicable
- Not a Problem
- Minor Problem
- Moderate Problem
- Major Problem

- a. Quality of high school preparation in: reading, writing, or math
- b. Study skills (e.g., note taking, test preparation)
- c. Availability of tutoring services
- d. English is not my primary language
- e. Too much is expected by instructors
- f. Some courses have not met my expectations
- g. Unable to enroll into the courses I need
- h. Cost of textbooks
- i. Cost of tools/supplies
- j. Financial factors
- k. Transportation access
- l. Housing insecurity
- m. Food insecurity
- n. Confused about college rules and regulations
- o. Appropriate academic guidance and support
- p. Job obligations
- q. Family obligations
- r. Child care obligations
- s. Lack of motivation
- t. Health issues
- u. What other problems have affected your ability to reach your academic goals?
[Textbox]

4. What types of classes are you interested in taking? (Select all that apply)

- Online
- Hybrid (i.e., classes that are both online and meet on campus)
- Low Cost Textbook Classes
- Zero Cost Textbook Classes (Open Educational Resources--OER)
- Weekend
- Evening
- Classes that start later in the semester
- Short-term (i.e., classes that are shorter than full semester length classes)
- Full semester length classes

5. At what times do you prefer to take classes? (Select all that apply)

- Morning
- Afternoon
- Evening
- Weekends
- Online

6. Have you been able to follow the recommended list of courses in your Student Educational Plan?

- Yes
- No, some of the courses I need have not been offered when I can attend
- No, there has not been space in the courses I need
- No, I believe that I did not need some of the courses listed on my plan
- No, I have changed my mind about my program or goals
- I do not have a Student Educational Plan

7. How has [College Name] helped support you in reaching your ACADEMIC GOALS?

[Textbox]

B. FINANCIAL RESOURCES

8. Did your parent(s) claim you as an income tax dependent in the most recent year?

- Yes
- No
- I do not know

9. What is your total household annual income, not including loans, grants, or scholarships? (If you answered yes in the previous question, your total earnings are what you and your parents made together. If you are unsure, give your best estimate)

- \$0 – \$14,000
- \$14,001 – \$19,000
- \$19,001 – \$24,000
- \$24,001 – \$29,000
- \$29,001 – \$34,000
- \$34,001 – \$39,000
- \$39,001 – \$44,000
- \$44,001 – \$49,000
- \$49,001 – \$59,000
- \$59,001 – or more

10. How many people are in the household (including yourself) reported in the previous question?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

11. Approximately, how many hours per week do you currently work? (Mark one response for each item)

- I do not work (0 hours)
- 1 – 9 hours
- 10 – 19 hours
- 20 – 39 hours
- 40 hours or more

12. Are you receiving money from any public assistance program? (e.g., TANF / CalWORKs, SSI / SSDI, General Assistance, or Section 8)

- Yes
- No

C. COLLEGE SERVICES

13. How SATISFIED are you with each service at [College Name]? (Mark one response for each service)

- Not Applicable
 - Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
- a. Admissions and Records
 - b. Assessment and Placement Services
 - c. Bookstore
 - d. Business and Fiscal Office
 - e. Career and Employment Center
 - f. Child Care Center / Child Development Center
 - g. College Sheriff
 - h. Financial Aid Office
 - i. Food Pantry
 - j. Food Services / Cafeteria / Food Trucks
 - k. General College Counseling Services / Academic Counseling
 - l. Health Center / Wellness Center / Counseling
 - m. Instructional or Computer Labs
 - n. Library
 - o. On-campus Orientation
 - p. Online Orientation
 - q. Transfer Center
 - r. Tutoring Services / Learning Assistance Center
 - s. Welcome Center / Bridges to Success / One-Stop Center
 - t. Work Source Center

14. Since the beginning of the semester at [College Name], have you contacted or attempted to contact any of the college offices/services mentioned above because you needed help or additional information?

(This is a required field. If Yes, the survey continues. If No, the survey skips to question 19.)

- Yes
- No

15. Were you able to get the help or information you needed?

- Yes
- No

16. To what extent do you agree with each statement about your experience at [College Name]?

(Mark one response for each item)

- Not Applicable
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

- a. The people I spoke to were friendly
- b. The office(s) was able to respond to my request(s) or answer my question(s) in a timely manner
- c. The information I received was accurate

17. How much effort did you personally have to put forth to get the help or information you needed at (College Name)? (e.g., going to several offices, staff not having the information needed, or office closed)

- Very High Effort
- Quite a Bit of Effort
- Some Effort
- Very Little Effort

18. Are there any comments about your experience when trying to get the help or information you needed at [College Name]?

[Textbox]

19. How SATISFIED are you with each student support service at [College Name]?

(Mark one response for each service)

- Not Applicable
- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

- a. Asian Pacific American Student Services (APASS)
- b. Associated Student Organization / Union
- c. Athletics
- d. CalWORKs
- e. Disabled Students Programs and Services
- f. Dream Resource Center / Undocumented Students
- g. EOPS or CARE
- h. Foster Youth / Guardian Scholars / Next Up (CAFYES)
- i. Honors Program
- j. Incarcerated / Reentry
- k. International Students Program and Services
- l. LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) / Genderdiversity
- m. Promise / FYE
- n. PUENTE
- o. TRIO
- p. Umoja / Black Scholars
- q. Veterans Office

20. Are there other types of services you are interested in receiving?

[Textbox]

21. Are there any comments or concerns you have about the SERVICES available at [College Name]?

[Textbox]

D. COLLEGE FACILITIES AND SECURITY

22. To what extent do you agree with each statement about the FACILITIES and SERVICES at [College Name]?

(Mark one response for each item)

Not Applicable

Strongly Agree

Agree

Disagree

Strongly Disagree

- a. I feel safe and secure at this college
- b. Buildings are clean and well maintained
- c. Food service at this college is sufficient
- d. Restrooms are clean and well maintained
- e. The grounds and public areas at this college are clean and well maintained
- f. Trash is emptied regularly
- g. This college is free of safety hazards
- h. This college has adequate outside lighting
- i. Sufficient parking is available
- j. Parking lots are safe, well lighted, and well maintained
- k. This college has made a good effort to reduce the impact of construction on students
- l. Buildings and signage are clearly marked and easy-to-read
- m. Learning facilities (equipment, classrooms, and labs) are adequate and up-to-date
- n. There are enough labs and study spaces to meet my needs

23. Are there any comments or concerns you have about the FACILITIES, SECURITY, or SERVICES at [College Name]?

[Textbox]

E. ACADEMIC EXPERIENCES

24. Have you attended at least one class session at [College Name] in Fall 2018? *(This is a required field. If Yes, the survey continues. If No, the survey skips to question 37.)*

Yes

No

25. At [College Name], how often do you do each of the following?

(Mark one response for each item)

- Often
- Sometimes
- Seldom
- Never

- a. Ask questions or participate in class discussions
- b. Give a presentation or performance in class
- c. Work in groups during class
- d. Work on course assignments outside of class
- e. Discuss ideas from your courses outside of class
- f. Engage with students who differ from you in terms of their religious beliefs, political opinions, or ethnic background

26. In general, to what extent do you agree with each statement?

(Mark one response for each item)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- I Do Not Know

- a. Textbooks and reading materials are useful for my courses
- b. Grading practices in my courses are clearly defined
- c. Tests cover the course material presented
- d. Policies and penalties for cheating are clear and enforced
- e. The college catalog provides accurate information on this college, its programs, and policies
- f. Course syllabi are followed
- g. My instructors present information fairly and objectively, distinguishing between personal convictions and professionally accepted views
- h. My instructors inform me about the types of skills or learning outcomes I am expected to master through classroom activities and assignments
- i. My instructors adequately use available technology in and out of the classroom

27. How would you describe your interactions with most of your INSTRUCTORS?

(Mark one response for each item)

- Not Applicable
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

- a. My instructors regularly hold office hours
- b. I visit my instructors during office hours
- c. My instructors are available outside of class
- d. I discuss ideas from my readings or courses with my instructors outside of class
- e. I discuss educational or career plans with my instructors
- f. My instructors are approachable

28. How much have your experiences at [College Name], both in and out of class, improved your ability to do each of the following?

(Mark one response for each item)

- Very Much
- Quite a Bit
- Some
- Very Little

- a. Acquire a broad general education
- b. Acquire job or work-related knowledge and skills
- c. Write, speak, and express myself clearly and effectively
- d. Think critically and analytically
- e. Solve numerical problems
- f. Solve practical problems and/or create useful products
- g. Use computers and other information technology
- h. Work effectively with others
- i. Learn effectively on your own
- j. Appreciate the arts
- k. Understand yourself
- l. Develop a personal code of values and ethics
- m. Develop clearer career goals
- n. Set educational goals and monitor your progress
- o. Understand people of other racial, cultural, or religious backgrounds
- p. Contribute to the welfare of your community
- q. Advance in your career

29. How often do you use each of the following?

(Mark one response for each item)

- Not Applicable
- Often
- Sometimes
- Seldom
- Never

- a. College website
- b. College library website
- c. Desktop or laptop for coursework
- d. Mobile device for coursework (tablet, iPad, or cell phone)
- e. Canvas, e-mail, social media, or text messaging to communicate with other students about coursework
- f. Canvas, e-mail, social media, or text messaging to communicate with an instructor
- g. Canvas, e-mail, social media, text messaging, or this college's website to keep informed about college events
- h. Online resources for an assignment

30. To what extent do you agree with each statement?

(Mark one response for each item)

- Not Applicable
- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

- a. In general, technology at this college is reliable
- b. I regularly check my LACCD e-mail (or forward it to my personal e-mail)
- c. I receive too many e-mails from this college
- d. I can easily find the information I need on the college website
- e. Information on the college website is current and accurate
- f. I am satisfied with the college's Emergency Alert System
- g. This college's Wi-Fi is reliable

31. How many hours per week do you spend **ON CAMPUS studying, using the library, attending cultural events, or engaging in leisure activities?**

- None
- 1 – 3 hours
- 4 – 6 hours
- 7 – 9 hours
- 10 – 12 hours
- 12 or more hours

32. During your attendance at [College Name], have you done any of the following?

(Mark Yes or No for each item)

- Yes
- No

- a. Participated in a community service project as part of a course or through a student club
- b. Tutored or taught other students (paid or voluntary)
- c. Attended a college event (theater, music, art, speakers, athletics)
- d. Attended a college club meeting
- e. Attended a college science event

33. To what extent do you agree with each statement?

(Mark one response for each item)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

- a. I am aware of opportunities for involvement in student clubs and activities
- b. I know how to bring forth an idea to college leadership to improve a practice, program, or service at this college
- c. Student needs are taken into consideration by this college when making decisions

34. To what extent do you agree with each statement about your knowledge of where to find INFORMATION?

(Mark one response for each item)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

- a. College policies and procedures that affect me as a student
- b. Student achievement information for this college and my program
- c. Courses and educational programs
- d. Student support services and programs
- e. Career or employment

35. To what extent do you agree with each statement?

(Mark one response for each item)

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

- a. I am familiar with the mission statement of this college
- b. I am aware of the intended learning outcomes of this college
- c. I am aware of the learning outcomes for my EDUCATIONAL PROGRAM
- d. I am aware of the learning outcomes for my COURSES
- e. I feel that the courses required in my educational program prepare me for further coursework, employment, and/or transfer
- f. I receive excellent instruction in most of my courses
- g. Overall, I am satisfied with my experience at this college
- h. I would encourage others to attend this college

36. Are there any comments or concerns about your ACADEMIC EXPERIENCE at [College Name]?

[Textbox]

F. ONLINE COURSE EXPERIENCE

37. Are you currently taking an online course? *(This is a required field. If Yes, the survey continues. If No, the survey skips to question 44.)*

- Yes
- No

38. Is this your first experience with an online course?

- Yes
- No

39. Are you currently taking any on-campus (i.e., non-online) courses?

- Yes
- No

40. Where do you primarily access your online course?

- Home
- School
- Work
- Other

41. How important was each REASON for why you enrolled in this online course?

(Mark one response for each item)

- Not Applicable
- Very Important
- Important
- Somewhat Important
- Not Important

- a. I travel sometimes and cannot attend an on-campus course regularly
- b. My work schedule is heavy and an online course is more convenient
- c. Personal circumstances (family, health, etc.) made an online course more convenient
- d. Accessibility issues (long commute, parking, access to transportation, etc.) made an online course more convenient
- e. I was curious, wanted to try something new
- f. It was recommended by someone
- g. I had a good experience with an online course before
- h. The same course on-campus was full
- i. I thought it was easier than an on-campus course
- j. An extra course online lets me graduate sooner

42. How likely are you to take another online course?

- Not Applicable
- Very Likely
- Likely
- Somewhat Likely
- Not Likely

43. Are there any comments or concerns about your ONLINE COURSE EXPERIENCE at [College Name]?

[Textbox]

OVERALL EXPERIENCE

44. Please describe the one or two things you like best about [College Name]?

[Textbox]

45. Please describe the one or two things at [College Name] that you would most like to see changed.

[Textbox]