[College Logo]

PROE Advisory Survey 2022-23, *Proposed*

*[ON-LINE/MOBILE VERSION SHOWN]*

*[INTRODUCTORY PAGE]*

Once every five years, the college is required by the State of Michigan to survey faculty, students and advisory committee members to gather opinions on occupational program quality. This survey is part of that process.

As an advisory committee member, you have valuable insight into college programs,
and we value your opinions. This questionnaire is brief, taking only about five minutes to complete.

Your responses will remain **anonymous.**

Please indicate the name of the occupational program(s) for which you are an advisor:
*(Select all that apply)*

* Program name 1
* Program name 2
* Program name 3
* Other (Please write your program name:)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Instructions:**Please rate each item on a five-point scale ranging from *Strongly Agree* to *Strongly Disagree*. If the question is not applicable or you are not familiar with it, please mark "NA/DK."

Space is provided at the end of the survey for your suggestions and comments.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Instructional program content and quality:** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | NA/DK |
| Represent job skills and knowledge required for successful entry-level employment.  |  |  |  |  |  |  |
| Reviewed and updated periodically to match current job skills and knowledge required for successful entry-level employment.  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Instructional equipment is:** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | NA/DK |
| Well maintained.  |  |  |  |  |  |  |
| Current with job needs.  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Instructional facilities:** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | NA/DK |
| Provide adequate utilities (lighting, heating, etc.).  |  |  |  |  |  |  |
| Allocate sufficient space.  |  |  |  |  |  |  |
| Meet health and safety standards.  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Employment:** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | NA/DK |
| Career services are available to students completing the program.  |  |  |  |  |  |  |
| Job opportunities exist for students completing the program with marketable skills.  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Follow-up studies on program completers:** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | NA/DK |
| Demonstrate that students are prepared for entry level employment.  |  |  |  |  |  |  |

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What are the major strengths of the college's occupational program in your field?

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What are the major needs for improvement of the college's occupational program in your field?

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If you have additional comments or suggestions for the program or for utilization of the advisory committee, please state them briefly here:

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**Thank you!**
Please click 'Next' to submit your responses.