**JRC-DMS Self-Study Student Questionnaire**

The JRC-DMS is a CAAHEP Committee on Accreditation (CoA) responsible for the evaluation of programs applying for accreditation. **Program Instructions:** The information in the box below (program name, specialties, etc.) may be entered/prepopulated for the students or provided to the students. Every currently enrolled student must be provided with a copy of this questionnaire and a means to confidentially return the completed, original questionnaire directly to the JRC-DMS office.

**Student Information:** In order to assist CAAHEP and the JRC-DMS in a fair and complete evaluation of the program, complete this questionnaire and return it directly to the JRC-DMS. The program must assure confidentiality and provide an appropriate means (i.e., a postage paid envelope) for you to send it to the JRC-DMS office. Explain any “No” selections in the space provided following each question. Also, to validate this survey please be sure to check the attestation box and enter today’s date at the end of the survey.

**Sponsoring Institution/Program Name:**

**Specialties the program is applying for accreditation:**

**Month and year (student) started the program:**       **Program #:**

**Admissions and Enrollment**

1. Was the information available or provided to you an accurate reflection of the program’s admission and enrollment process? [ ]  Yes [ ]  No

If no, please explain:

1. Were you provided with or made aware of the required program technical standards and the process if unable to meet the standards? [ ]  Yes [ ]  No

If no, please explain:

1. Was the information provided an accurate reflection of the expectations of the student, time commitment, financial, success of graduates, etc. [ ]  Yes [ ]  No

If no, please explain:

1. Was the accreditation status of the program made clear to you at the time of your admission? [ ] Yes [ ] No

If no, please explain:

1. Were you aware of the pathway(s) you would be eligible to apply for a national credential (ARDMS, ARRT, CCI)? [ ] Yes [ ] No

If no, please explain:

1. Prior to or early in the program, were you directed where to access or provided with the program rules and policies? [ ] Yes [ ] No

If no, please explain:

1. Are the rules and policies fairly and objectively followed by the program? [ ]  Yes [ ]  No

If no, please explain:

1. Are you aware of the institution’s student grievance (complaint) procedure? [ ]  Yes [ ]  No

If no, please explain:

**Curriculum**

1. Were you required to complete Communications (English), Human anatomy and physiology, Mathematics, and Physics prior to admissions or early in your program? [ ]  Yes [ ]  No

If no, please explain:

1. Are the courses in the program sequenced appropriately for you to progress in your learning? [ ]  Yes [ ]  No If no, please explain:
2. Is each course’s length appropriate to effectively cover the course content? [ ]  Yes [ ]  No

If no, please explain:

**Instruction**

1. Are the faculty and instructors appropriately credentialed in the areas (didactic and lab) in which they teach?
[ ]  Yes [ ]  No

If no, please explain:

1. Are the course instructors effective in teaching the course content? [ ]  Yes [ ]  No

If no, please explain:

1. Do students have opportunity to anonymously complete an instructor and course evaluation for each course?
[ ]  Yes [ ]  No

If no, please explain:

1. Do the course instructors use feedback provided by the students to modify course instruction? [ ]  Yes [ ]  No

If no, please explain:

1. Do the course syllabi provide the expectations and the grading criteria for the course? [ ]  Yes [ ]  No

If no, please explain:

1. Are the assignments and tests related to course objectives and content? [ ]  Yes [ ]  No

If no, please explain:

1. Are assignments and tests graded fairly? [ ]  Yes [ ]  No

If no, please explain:

1. Is assistance available for students that need or want additional support? [ ]  Yes [ ]  No

If no, please explain:

**CLINICAL EXPERIENCE**

1. Was information on the clinical locations, the method(s) used for assignment, distance to clinical sites and number/types of rotation(s) provided to you during the program’s admission/enrollment process?

[ ]  Yes [ ]  No

If no, please explain:

1. Do the clinical assignment(s) provide effective hands-on learning in the specialties the program is applying for accreditation? [ ]  Yes [ ]  No [ ]  Not applicable/Not able to provide feedback at this time

If no, please explain:

1. Do the students receive similar clinical experiences to document clinical competencies required of the program? [ ]  Yes [ ]  No [ ]  Not applicable/Not able to provide feedback at this time

If no, please explain:

1. When you are in clinical, are you supervised by an appropriately credentialed sonographer?
[ ]  Yes [ ]  No [ ]  Not applicable/Not able to provide feedback at this time

If no, please explain:

1. Are you comfortable interacting with the physicians?
[ ]  Yes [ ]  No [ ]  Not applicable/Not able to provide feedback at this time

If no, please explain:

**ADVISORY COMMITTEE**

1. Does your class/cohort of students have a representative on the program’s advisory committee?

[ ]  Yes [ ]  No [ ]  Unsure

1. Are you aware of who the (physician) Medical Advisor is for the program?

[ ]  Yes [ ]  No [ ]  Unsure

**OVERALL EVALUATION**

1. What do you feel are the strongest aspects of the program?

1. What suggestions do you have to make the program better?
2. Would you recommend this program to a friend? [ ]  Yes [ ]  No [ ]  Unsure/Maybe

If no or unsure, please explain:

1. Would you prefer to study with another program? [ ]  Yes [ ]  No [ ]  Unsure/Maybe

If no or unsure, please explain:

1. Please provide any additional comments pertaining to this program that you feel would be helpful to the accreditation committee. Remember that favorable comments are equally helpful as sharing areas for enhancement/improvement.

**I attest this survey was completed confidentially and the responses represent my truthful opinions.**

**[ ]  Yes [ ]  No Enter Today’s Date:**