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

**Directions to Program:** Each currently enrolled student must be given a copy of this questionnaire and provided with a means to return the questionnaire directly to JRC-DMS.

**Directions to the Student:** In order to assist the Committee in a fair and complete evaluation of the program, please complete this questionnaire and return it directly to the Committee. The program must provide a postage paid envelope for your convenience and to assure confidentiality.

When answering the questions below, please explain any “No” selections in the space provided following each question.

**Name of Sponsoring Institution**:

**Program #**:

**How many months have you been enrolled in this program?**

**ADMISSIONS**

1. Do you believe that the criteria for admission to this program are fair and related to potential success in this program?
[ ]  Yes [ ]  No If no, please explain:
2. Was the accreditation status of the program made clear to you at the time of your admission?
[ ]  Yes [ ]  No If no, please explain:
3. Were the rules and policies of the program clearly explained to you?
[ ]  Yes [ ]  No If no, please explain:
4. Are those rules and policies fairly and objectively followed by the program?
[ ]  Yes [ ]  No If no, please explain:
5. Are you aware of the institution’s student grievance (complaint) procedure?
[ ]  Yes [ ]  No If no, please explain:

**CURRICULUM**

1. Do you feel all required, non-sonography courses are appropriate?
[ ]  Yes [ ]  No If no, which ones are not?
2. Do you feel the courses in the program are sequenced to help you with your learning?
[ ]  Yes [ ]  No If no, which ones are not?

**INSTRUCTION**

1. Is the instruction in the sonography courses clear and helpful?
[ ]  Yes [ ]  No If no, please explain:
2. Are the tests and quizzes related to the content of the courses?
[ ]  Yes [ ]  No If no, please explain:
3. Are the tests and quizzes fair?
[ ]  Yes [ ]  No If no, please explain:

**CLINICAL EXPERIENCE**

1. Do all students receive similar clinical experiences?
[ ]  Yes [ ]  No If no, please explain:
2. When you are in clinical (include all experiences, not just your externship), do you always know who your supervisor/instructor is?
[ ]  Yes [ ]  No If no, please explain:
3. Do you believe clinical assignments given to you are primarily educational in nature?
[ ]  Yes [ ]  No If no, please explain:

**PHYSICIAN INPUT**

1. On average, about how many hours per week are you instructed by a physician, either in the classroom in the clinical setting?       hours/week
2. Is the physician instruction helpful and relevant to you?

[ ]  Yes [ ]  No If no, please explain:

1. Do you feel comfortable interacting with physicians?

[ ]  Yes [ ]  No If no, please explain:

**OVERALL EVALUATION**

1. What do you feel are the strongest part(s) of the program?

1. What do you feel are the weakest part(s) of the program?
2. Would you recommend this program to a friend?
[ ]  Yes [ ]  No If no, please explain:
3. Would you prefer to go to another program?
[ ]  Yes [ ]  No If yes, please explain:
4. Please make any additional comments pertaining to this program you feel would be helpful to the committee. Please remember that favorable comments are just as helpful as critical comments.