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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.