

Self-Study Student Evaluation Questionnaire

Old Dominion University

Exercise Science

Directions: In order to assist the Committee on Accreditation for the Exercise Sciences (CoAES) in a fair and complete evaluation of the program, please complete this questionnaire and return it **directly** to the instructor or Dr Dowling.

Name: _____ UIN: _____

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

What is your academic classification (freshman, sophomore, junior, senior)? _____

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.

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PART H

5. Are you aware of the institution's student grievance procedure? Yes No
If No, please explain.

CURRICULUM

6. a. Other than major courses, are there any other required non-major courses Yes No
b. If so, do you feel that all required, non-major courses are appropriate? Yes No
If No, which ones are not?

7. Do you feel that the courses in the program are sequenced to help you with your learning?
 Yes No
If No, which ones are not and why?

INSTRUCTION

8. Is the instruction in the major courses clear and helpful? Yes No
If No, please explain.

9. Are the tests and quizzes related to the content of the courses? Yes No

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10. Are the tests and quizzes fair?

Yes No
If No, please explain.

CLINICAL/ PRACTICAL ACTIVITIES

11. Do all students receive similar clinical and/or practical activities?

Yes No
If No, please explain.

12. Do you always know who your supervisor is when your doing your clinical/?
Practical activities?

If No, please explain.

13. Do you believe that all clinical/practical assignments given to you are
primarily educational in nature?

Yes No
If No, please explain.

OVERALL EVALUATION

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

18. What do you feel are the weakest part(s) of the program?

19. Would you recommend this program to a friend?

Yes No

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20. Would you prefer to go to another program? Yes No

21. Please make any additional comments pertaining to this program you feel would be helpful. Please remember that favorable comments are just as helpful as critical comments.

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