

**PROGRAM REVIEW - FACULTY SURVEY**

*Please complete the following survey in order to help us improve our programs at Alamance Community College. Please return the survey to the Office of Institutional Research as soon as possible.*

*Please indicate the following:*

**Name of Department:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ *(This will remain confidential.)*

*Tell us if you Agree Strongly (AS), Agree (A), Disagree (D), Disagree Strongly (DS), or have No Assessment (NA) with the following statements.*

	<b>AS</b>	<b>A</b>	<b>D</b>	<b>DS</b>	<b>NA</b>
1. The facilities in which I teach my classes are adequate.					
2. The equipment that I use to teach my students is adequate.					
3. The instructional supplies needed to teach my students are adequate.					
4. The content of programs in my teaching area is up-to-date with the needs of the employment market.					
5. The technology I use in my classes and labs is current with the employment market.					
6. I receive information about division and college issues in a timely manner.					
7. I am involved in decisions that affect programs in my department.					
8. I receive the support and assistance I need to be an effective member of my department.					
9. I receive adequate communications about the college mission, activities, and other issues relevant to my faculty assignment.					

10. The particular strengths of my department are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

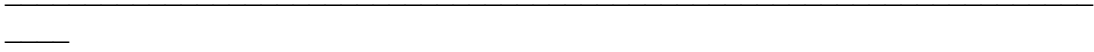
11. My recommendations for improving my department or division are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for participating in this survey.*



*Thank you for participating in this survey.*