

Student Satisfaction Questionnaire

1. UnLimited Success Program Student Satisfaction Questionnaire

1. What is the Staff Member's Name that is conducting this survey?

2. In what County did the program operate?

3. What school do you attend?

4. Please pick the following program that you participated in with Unlimited Success.

5. Please use the rating scale below to indicate how much you agree or disagree with each statement about our program.

	YES!	Yes	Not Sure	No	NO!
I enjoyed the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I benefited from the lessons and skills taught during the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The teacher communicated well with our class about the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The teacher was helpful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The teacher was available to answer any questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please describe how you benefited from the program.

7. What part of the program was most helpful to you? Why?

8. What part of the program was least helpful to you? Why?

If you have questions or comments regarding this survey please contact info@unlimitedsuccessnc.org or call (336) 397-0154.