

BROOKHAVEN STUDENT GOVERNMENT ASSOCIATION  
SURVEY

The purpose of the student government is to facilitate the channel of communication between the student community on our campus and the college administration. In order to represent the student's individual issues, needs and concerns better, we need you to take the time to respond to the following questions:

1. Male \_\_\_ Female \_\_\_

New Student \_\_\_ Continuing Student \_\_\_ Transfer Student \_\_\_ Staff \_\_\_ Faculty \_\_\_

2. Which issues concern you at the Brookhaven the most?

- A. Student life on campus.
  - B. Administrative concerns.
  - C. Other:
- Explain:

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3. What has been your most positive experience with Brookhaven? \_\_\_\_\_

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4. What has been your most negative experience with Brookhaven? \_\_\_\_\_

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ADVISING

5. Extent to which the advice you received was helpful in:

- |                                |                          |     |
|--------------------------------|--------------------------|-----|
| A. Degree planning             | 1 2 3 4 5                | NA* |
|                                | (not at all) (extremely) |     |
| B. Accuplacer/TASP Information | 1 2 3 4 5                | NA* |
|                                | (not at all) (extremely) |     |
| C. Transfer Information        | 1 2 3 4 5                | NA* |
|                                | (not at all) (extremely) |     |
| D. Other: _____                | 1 2 3 4 5                | NA* |
|                                | (not at all) (extremely) |     |

6. Was the advisor helpful in resolving your questions?  
1 2 3 4 5 NA\*  
(not at all) (extremely)

7. What changes do you feel would improve the process? \_\_\_\_\_

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\* NA= Not Applicable

**see other side**

CAFETERIA: 1 (meaning the lowest or unsatisfactory rating)  
5 (meaning the highest or most satisfactory rating)

- |  |       |   |   |   |   |     |
|--|-------|---|---|---|---|-----|
| 8. I would rate customer service in the cafeteria as:                          | 1     | 2 | 3 | 4 | 5 | NA* |
| 9. I would rate the quality of the cafeteria food as:                          | 1     | 2 | 3 | 4 | 5 | NA* |
| 10. I would rate the price of the cafeteria food as:                           | 1     | 2 | 3 | 4 | 5 | NA* |
| 11. I would rate the cleanliness of the food service<br>and cafeteria area as: | 1     | 2 | 3 | 4 | 5 | NA* |
| 12. I would rate the cafeteria's schedule of hours as<br>meeting my needs:     | 1     | 2 | 3 | 4 | 5 | NA* |
| 13. I would rate the handicapped accessibility as:                             | 1     | 2 | 3 | 4 | 5 | NA* |
| 14. Please any comments or suggestions:  | _____ |   |   |   |   |     |
|  | _____ |   |   |   |   |     |
|  | _____ |   |   |   |   |     |

CAREER DEVELOPMENT CENTER:

15. Please circle your level of satisfaction with C.D.C. staff members:
- |               | Poor |   | Average |   | Excellent |  |
|---------------|------|---|---------|---|-----------|--|
| Helpful       | 1    | 2 | 3       | 4 | 5         |  |
| Knowledgeable | 1    | 2 | 3       | 4 | 5         |  |
| Friendly      | 1    | 2 | 3       | 4 | 5         |  |
16. Please indicate which of the services you have used by checking the box on the left, then circle you level of satisfaction with each service:
- | <u>TESTING &amp; COUNSELING</u>         | Poor |   | Average |   | Excellent |     |
|---|------|---|---------|---|-----------|-----|
| • Career Assessment Interpretation      | 1    | 2 | 3       | 4 | 5         | NA* |
| • Resume Assistance/Critique            | 1    | 2 | 3       | 4 | 5         | NA* |
| • Interview Assistance/ Mock interviews | 1    | 2 | 3       | 4 | 5         | NA* |
- CAREER RESOURCES:
- |                                 |   |   |   |   |   |     |
|---------------------------------|---|---|---|---|---|-----|
| • Handouts                      | 1 | 2 | 3 | 4 | 5 | NA* |
| • Career Library                | 1 | 2 | 3 | 4 | 5 | NA* |
| • Career related internet sites | 1 | 2 | 3 | 4 | 5 | NA* |
17. Please add any comments or suggestions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\*NA= Not Applicable



E. Other Financial Aid Resources:

Specify: \_\_\_\_\_ 1 2 3 4 5 NA\*  
(not at all) (extremely)

23. What changes do you feel would improve the process?

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24. If there are other questions, concerns, needs or issues not mentioned in the survey that you would like to see addressed, please list or explain: \_\_\_\_\_

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25. Did you fill out this survey last year? (circle) Yes No

26. Did you attend the student forum last year? Yes No