**INSTRUCTIONS:** All currently enrolled students are to be given a copy of the PAR Student Questionnaire prior to submission of the PAR. Questionnaires are to be returned directly to the International Council of Accreditation (ICA) by the student.

**Directions to the Student:** In order to assist ICA in a fair and complete evaluation of the program, please complete this questionnaire and return it directly to ICA. The program must provide a postage paid envelope for your convenience and to assure confidentiality. When answering the questions below, please explain any “Disagree” or “Strongly Disagree” selections in the space provided following each question. ***Thank you in advance for completing this survey.***

**Icon Key**

1. **Check Box:** Click on the check box to mark your rating choice (will appear ).
2. Click or tap here to enter text. **Text Area:** This is used to enter text into a field; click the words to start entering in text. This area will expand as you include more text.
3. Choose an item. **Dropdown Area:** This is used to select a predetermined answer from the dropdown menu; click the words and choose the appropriate answer.
4. Click or tap to enter a date. **Date Area:** This is used to select a date; click the words and choose the appropriate date you completed the survey.

**Please rate each of the following items by choosing the appropriate rating according to the following scale:**

Strongly Agree

Agree

Disagree

Strongly Disagree

|  |  |
| --- | --- |
| Institution Name: | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Level of program attended: | Non-Clinical Assistant | Clinical Assistant |
|  | Technician | Medical Technologist |

|  |  |  |
| --- | --- | --- |
| How many months have you been enrolled in this program? | Choose an item. | months. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ADMISSIONS** | | | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. | The criteria for admission to this program are fair and related to potential success in this program. | | |  |  |  |  |
|  | Please provide any additional comments: | | Click or tap here to enter text. | | | | |
|  | |  | | | | | |
| 2. | The ICA accreditation status of the program was made clear to me at the time of my admission. | | |  |  |  |  |
|  | Please provide any additional comments: | | Click or tap here to enter text. | | | | |
|  | |  | | | | | |
| 3. | The policies and requirements of the program were clearly explained to me. | | |  |  |  |  |
|  | Please provide any additional comments: | | Click or tap here to enter text. | | | | |
|  | |  | | | | | |
| 4. | Those policies and requirements are fairly and objectively followed by the program. | | |  |  |  |  |
|  | Please provide any additional comments: | | Click or tap here to enter text. | | | | |
|  | |  | | | | | |
| 5. | I am aware of the institution’s student grievance (complaint) procedure. | | |  |  |  |  |
|  | Please provide any additional comments: | | Click or tap here to enter text. | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CURRICULUM** | | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 6. | I feel all required, non-ophthalmic courses are appropriate. | |  |  |  |  |
|  | *If you disagree or strongly disagree, which courses are not appropriate?* | | | | | |
|  | Please provide any additional comments: | Click or tap here to enter text. | | | | |
|  |  | |  |  |  |  |
| 7. | I feel the courses in the program are sequenced to facilitate my learning. | |  |  |  |  |
|  | *If you disagree or strongly disagree, which courses are not sequenced appropriately?* | | | | | |
|  | Please provide any additional comments: | Click or tap here to enter text. | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTRUCTION** | | | | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 8. | The instruction in the ophthalmic courses is clear and helpful. | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | |
|  |  |  |  | | | | | |
| 9. | The tests are related to the content of the courses. | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | |
|  |  |  |  | | | | | |
| 10. | The tests are fair. | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | |
|  |  | | | |  |  |  |  |
| 11. | The quizzes are related to the content of the courses. | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | |
|  |  | | | |  |  |  |  |
| 12. | The quizzes are fair. | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLINICAL EXPERIENCE**  ***Check if this section is not applicable to you*** | | | | |  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 13. | I receive similar and equitable clinical experiences as other students. | | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | | |
|  |  | | | | |  |  |  |  |
| 14. | All students receive similar and equitable clinical experiences. | | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | | |
|  |  | | | | |  |  |  |  |
| 15. | When I am in clinicals (consider all experience, not just your externship), I always know who my supervisor/instructor is. | | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | | |
|  |  |  |  | | | | | | |
| 16. | Clinical assignments are primarily educational in nature. | | | | |  |  |  |  |
|  | Please provide any additional comments: | | | Click or tap here to enter text. | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PHYSICIAN INPUT** | | | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 17. | The physician instruction is helpful and relevant. | | |  |  |  |  |
|  | Please provide any additional comments: | | Click or tap here to enter text. | | | | |
|  |  | | |  |  |  |  |
| 18. | I feel prepared to interact with physicians. | | |  |  |  |  |
|  | Please provide any additional comments: | | Click or tap here to enter text. | | | | |
|  |  | | |  |  |  |  |
| 19. | On average, about how many hours per week are you instructed by a physician, either in the classroom or in the clinical setting? | | | | | | |
|  | Choose an item. | hours/week. | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OVERALL EVALUATION** | | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 20. | I would recommend this program to a friend. | |  |  |  |  |
|  | Please provide any additional comments: | Click or tap here to enter text. | | | | |
|  |  | | | | | |
| 21. | I would have preferred to go to another program. | |  |  |  |  |
|  | Please provide any additional comments: | Click or tap here to enter text. | | | | |
|  |  | | | | | |
| 22. | What do you feel are the strongest part(s) of the program? | | | | | |
|  | Click or tap here to enter text. | | | | | |
|  |  | | | | | |
| 23. | What do you feel are the weakest part(s) of the program? | | | | | |
|  | Click or tap here to enter text. | | | | | |
|  |  | | | | | |
| 24. | Please make any additional comments pertaining to this program you feel would be helpful to ICA. Please remember that favorable comments are just as helpful as critical comments. | | | | | |
|  | Click or tap here to enter text. | | | | | |

***Please return to: ICA, 2025 Woodlane Drive, St. Paul, MN 55125***