

Program Completer Survey By Candidate

Certification Program/Teaching Field:

Candidate's Name: _____ **SID#** _____

Circle One: EC-4 4-8 8-12

All Level Advanced

Area _____

Faculty Responsible for Collection: _____

Date: _____

I. Directions: Use the following rating scale to evaluate your preparation at SFASU. For each statement, check the box that best reflects your preparation in that area.

How well did SFASU prepare you to do the following:	Exemplary	Acceptable	Unacceptable
	3	2	1
A. Plan and deliver appropriate instruction/supervision/guidance			
B. Establish a positive environment/climate			
C. Use appropriate responsive communication (written/oral)			
D. Use content knowledge			
E. Demonstrate understanding of the influences of diversity (social class, gender, race, ethnicity, talents, disabilities, religion, and geographic location) upon children/youth, families, and the community			
F. Use appropriate assessment for planning and delivery of instruction/supervision/guidance			
G. Document, analyze, and evaluate PK-12 student learning			
H. Use technology effectively			
I. Assume professional roles, responsibilities, and ethics			
J. Participate in activities that serve children/youth, families, and the community			
K. Advocate for the children/youth, families and the profession			

II. Please respond to the following questions to help us evaluate and improve our program.

- A. What do you consider to be the strongest features of the educator preparation program at SFASU?
- B. What do you consider to be the weakest features of the educator preparation program at SFASU?
- C. Can you suggest three ways to improve the educator preparation program at SFASU?

III. Please complete the following demographic information.

- A. What educator program at SFASU did you complete?
- B. Have you been hired to work in your certification area?
- C. If answer to B is yes, where will you be employed?

Thank you for your time.

Program Completer Survey Scoring Guide By Candidate

Certification Program/Teaching Field:

Candidate's Name: _____ **SID#** _____

Circle One: EC-4 4-8 8-12
All Level Advanced Programs
Area/Teaching Field _____

Faculty Responsible for Collection: _____

Date: _____

Program Criteria	Exemplary (3)	Acceptable (2)	Unacceptable (1)	Score 0-3
Scale Score	30-25	19-24	1-18	