

# COA Commission on Opticianry Accreditation

## STUDENT QUESTIONNAIRE

Institution: \_\_\_\_\_ Date: \_\_\_\_\_

Program: \_\_\_\_\_ Year: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

1. What are your plans after graduation? \_\_\_\_\_  
\_\_\_\_\_

2. Has career guidance been given to help formulate these goals? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. PLEASE EVALUATE THE FOLLOWING:

YES NO

\_\_\_ \_\_\_ a. Is there enough equipment for students to use?

\_\_\_ \_\_\_ b. Is the equipment up-to-date?

\_\_\_ \_\_\_ c. Were the safety rules for the laboratories made known to you?

\_\_\_ \_\_\_ d. Are the safety rules enforced?

\_\_\_ \_\_\_ e. Are there enough supplies available to students working in the laboratories?

\_\_\_ \_\_\_ f. Does the school library contain up-to-date ophthalmic texts, reference books and magazines?

\_\_\_ \_\_\_ g. Is the library open enough hours during the day and evening?

\_\_\_ \_\_\_ h. Were you adequately prepared to begin the clinical practicum portion?

\_\_\_ \_\_\_ i. Are you receiving adequate individual attention by a faculty member during laboratory periods?

\_\_\_ \_\_\_ j. Are you receiving sufficient hands-on experience in on-campus dispensing of Eyewear?

\_\_\_ \_\_\_ Contact lenses?

\_\_\_ \_\_\_ k. Are you receiving sufficient hands-on experience in off campus dispensing of Eyewear?

\_\_\_ \_\_\_ Contact lenses?

\_\_\_ \_\_\_ l. Do you know how your instructor determines your grade in each course?

\_\_\_ \_\_\_ m. At the start of each course, do you know what topics will be covered by course completion?

\_\_\_ \_\_\_ n. Are you assigned research papers? How many? \_\_\_\_\_

\_\_\_ \_\_\_ o. Are you aware of licensing requirements of your state?

\_\_\_ \_\_\_ other states?

<continued>

YES NO

\_\_\_ \_\_\_ p. Did the school's/program's catalog or any printed material advertising the ophthalmic program describe the program as you have actually found it to be?

\_\_\_ \_\_\_ q. Are the classes normally held as scheduled?

\_\_\_ \_\_\_ r. Is there emergency medical care available when needed?

\_\_\_ \_\_\_ s. Is the faculty available for student guidance and counseling?

\_\_\_ \_\_\_ t. Are job placement services available to students?

\_\_\_ \_\_\_ u. Do you feel that your educational program is preparing you to become a qualified ophthalmic dispenser?

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. IN YOUR OPINION:

a. What are the greatest strengths of the program? \_\_\_\_\_  
\_\_\_\_\_

b. What are the greatest weaknesses of the program? \_\_\_\_\_  
\_\_\_\_\_

c. Why did you choose this program? \_\_\_\_\_  
\_\_\_\_\_

d. Would you recommend this program to others? \_\_\_ Yes \_\_\_ No Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU!