**INSTRUCTIONS:** All faculty members (medical director, didactic, laboratory, and clinical; paid and volunteer) must be given a copy of this questionnaire as a part of the PAR process.

Choose the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. Select “Not Applicable” if you do not know about a particular area, or if it does not apply to you.

***Thank you in advance for completing this survey.***

**Icon Key**

1. **Check Box:** Click on the check box to mark your selection/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. 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:**

Excellent

Above Average

Average

Below Average

Very Poor

Not Applicable

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

|  |  |
| --- | --- |
| Date Completed: | Click or tap to enter a date. |

**Your responsibility with the program (choose one):**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Director | Medical Director | Faculty Member | Laboratory Instructor |
| Didactic Instructor | Clinical Instructor | Other *(specify)*: | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | **Excellent** | **Above Average** | **Average** | **Below Average** | **Very Poor** | **Not Applicable** |
| **1.** | **Administrative Support** | | | | | | | | |
|  | A. | College administration (Dean, Division Chair) | |  |  |  |  |  |  |
|  | B. | Salary | |  |  |  |  |  |  |
|  | C. | Financial resources | |  |  |  |  |  |  |
|  | D. | Teaching loads | |  |  |  |  |  |  |
|  | E. | Communities of interest (e.g., employers) | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | | **Excellent** | **Above Average** | **Average** | **Below Average** | **Very Poor** | **Not Applicable** |
| **2.** | **Program Resources** | | | | | | | | |
|  | A. | Administrative support | |  |  |  |  |  |  |
|  | B. | Classroom facilities | |  |  |  |  |  |  |
|  | C. | Laboratory facilities | |  |  |  |  |  |  |
|  | D. | Laboratory equipment and supplies | |  |  |  |  |  |  |
|  | E. | Library/learning resource center | |  |  |  |  |  |  |
|  | F. | Overall clinical resources | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | | **Excellent** | **Above Average** | **Average** | **Below Average** | **Very Poor** | **Not Applicable** |
| **3.** | **Faculty *(do not rate your own position)*** | | | | | | | | |
|  | A. | Program director | |  |  |  |  |  |  |
|  | B. | Medical director | |  |  |  |  |  |  |
|  | C. | Clinical faculty | |  |  |  |  |  |  |
|  | D. | Science faculty | |  |  |  |  |  |  |
|  | E. | Other program faculty | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |
|  |  |  | | **Excellent** | **Above Average** | **Average** | **Below Average** | **Very Poor** | **Not Applicable** |
| **4.** | **Curriculum** | | | | | | | | |
|  | A. | Depth and breadth of program | |  |  |  |  |  |  |
|  | B. | Course sequencing | |  |  |  |  |  |  |
|  | C. | General science courses | |  |  |  |  |  |  |
|  | D. | Basic ophthalmic curriculum content | |  |  |  |  |  |  |
|  | E. | Laboratory practice and competency attainment | |  |  |  |  |  |  |
|  | F. | Clinical curriculum content | |  |  |  |  |  |  |
|  | G. | Other *(please specify)*:  Click or tap here to enter text. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Excellent** | **Above Average** | **Average** | **Below Average** | **Very Poor** | **Not Applicable** |
| **5.** | **Clinical Coordination** | | | | | | | | |
|  | A. | Communication between program faculty and clinical instructors | |  |  |  |  |  |  |
|  | B. | Clinical evaluations instruments | |  |  |  |  |  |  |
|  | C. | Student parallel experiences | |  |  |  |  |  |  |
|  | D. | Supervision of students | |  |  |  |  |  |  |
|  | E. | Consistency of evaluations of students | |  |  |  |  |  |  |
|  | F. | Other *(please specify)*:  Click or tap here to enter text. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **6.** | **Additional Comments** | | | | | | | | |
| What do you consider to be the major strengths of the program? | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
|  | | | | | | | | | |
| What areas do you believe need improvement? | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |