

# Ontario Colleges of Applied Arts and Technology

The information asked for in this survey is collected under the legal authority of subsection 8(2) of Ontario Regulation 34/03 made under the Ontario Colleges of Applied Arts and Technology Act, 2002. The information is used for the administrative and statistical purposes of the college and the ministry, and the publication of the Employment Profile. Only collective information will be reported - individual responses will be kept confidential.

## KPI Student Satisfaction and Engagement Survey

This survey provides you with an opportunity to give feedback about your program and your college. It is not an evaluation of this specific course, subject or teacher.

Please do not mark in this area.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

### SECTION A:

1. Please mark the alphanumeric code identifying your program and campus in the following selection box. A list of codes has been printed on the back of the instruction sheet provided to you.

Alphanumeric program code:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																

2. In which semester/term/level are you currently enrolled?

1  
  2  
  3  
  4  
  5  
  6  
  7  
  8  
  Other

SECTION B: Please think about how the learning experiences in THIS PROGRAM relate to YOUR future, and then rate the importance of, and YOUR SATISFACTION with the following:

(If you choose 'NOT APPLICABLE', move to the next question. Do not complete the IMPORTANCE or SATISFACTION questions.)

This program...

#### IMPORTANCE

#### SATISFACTION

NOT APPLICABLE  
 Not Important  
 Important  
 Very Dissatisfied  
 Dissatisfied  
 Neither Satisfied nor Dissatisfied  
 Satisfied  
 Very Satisfied

	NOT APPLICABLE	Not Important	Important	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
3. Provides you with skills and abilities specific to your chosen career. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provides you with skills and abilities helpful for your future life outside of work. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Helps you understand your career options. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Develops your writing skills. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Develops your speaking skills. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Develops your math skills. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Develops your ability to work with others. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Develops your ability to solve problems. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Develops your computer skills. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Helps you understand further education opportunities. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. OVERALL, your program is giving you knowledge and skills that will be useful in your future career. ....			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C:** Please think IN GENERAL about ALL your courses and ALL your teachers in this program, and then rate the importance of, and YOUR SATISFACTION with the following:

(If you choose 'NOT APPLICABLE', move to the next question. Do not complete the IMPORTANCE or SATISFACTION questions.)

	IMPORTANCE			SATISFACTION				
	NOT APPLICABLE	Not Important	Important	Very Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	
14. Teachers are up-to-date/current in their fields. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
15. Teachers' presentation of the subject material. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
16. Helpfulness of teachers outside of class. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
17. Promptness of feedback on your work. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
18. Helpfulness of feedback on your work. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
19. Quality of the learning experiences related to the background theory and concepts of your program. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
20. Quality of the learning experiences related to the practical skills or hands-on aspects of your program. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
21. Quality of the learning experiences related to any online instruction. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
22. Quality of field placements, clinical experiences, internships or co-op work terms. ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
23. Usefulness of assigned course materials (e.g., books, other readings, software, etc.). ....	<input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
24. The OVERALL quality of the learning experiences in this program. ....		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				

**SECTION D:** Please indicate YOUR usage of the following services. Rate how important they are to YOU, and if you used them, rate YOUR SATISFACTION with them.

	USAGE	IMPORTANCE		SATISFACTION				
	Did Not Use/ Not Available	Low Use	High Use	Not Important	Important	Very Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied
25. Library/Resource Centre services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
26. Tutoring services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
27. Academic advising services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
28. Personal counselling services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
29. Services for students with disabilities. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
30. Bookstore services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
31. International Office and other international student services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
32. Office of the Registrar services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
33. Health services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
34. Food services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
35. Campus Safety and Security services. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
36. Financial Aid services (please comment on the service provided, not the amount of money received). ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
37. Services for finding a field placement, clinical experience, internship or co-op work term. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
38. Career advising and job search assistance. ....	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
39. The OVERALL quality of the services in the college. ....		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				

**SECTION E:** Please indicate YOUR usage of the following facilities/resources. Rate how important they are to YOU, and if you used them, rate YOUR SATISFACTION with them.

**USAGE**  
Did Not Use/ Not Available  
Low Use  
High Use

**IMPORTANCE**  
Not Important  
Important

**SATISFACTION**  
Very Dissatisfied  
Neither Satisfied nor Dissatisfied  
Very Satisfied

40. Library facilities/resources (e.g., physical space, books, journals, online databases). .....	1	2	3	1	2	1	2	3	4	5
41. Internet connectivity. ....	1	2	3	1	2	1	2	3	4	5
42. Lab/shop facilities. ....	1	2	3	1	2	1	2	3	4	5
43. Individual/group study space. ....	1	2	3	1	2	1	2	3	4	5
44. Social spaces (e.g., lounge areas). ....	1	2	3	1	2	1	2	3	4	5
45. Recreation and athletics facilities. ....	1	2	3	1	2	1	2	3	4	5
46. Accessibility of buildings, classrooms, and lab/shops for students with disabilities. ....				1	2	1	2	3	4	5
47. Cleanliness of buildings and rooms (e.g., classrooms, hallways, study spaces, washrooms). ....				1	2	1	2	3	4	5
48. General condition of buildings and campus grounds. ....				1	2	1	2	3	4	5
49. The OVERALL quality of the facilities/resources in the college. ....				1	2	1	2	3	4	5

**SECTION F:** Please rate the importance of, and your satisfaction with:

50. The concern of people at this college for your success. ....	1	2	1	2	3	4	5
51. Your overall college experience. ....	1	2	1	2	3	4	5

**SECTION G:** Please think IN GENERAL about all your courses and experiences at this college.

*This college...*

52. Encourages you to spend time on your coursework. ....	1	2	3	4	5
53. Provides support to deal with your coursework. ....	1	2	3	4	5
54. Provides support to deal with your non-academic responsibilities (e.g., work, family, etc.). ....	1	2	3	4	5
55. Provides information on social opportunities. ....	1	2	3	4	5
56. Provides information on student financial aid services. ....	1	2	3	4	5
57. Has at least one person you can rely on for useful information (e.g., teacher, counsellor, other staff, student). ....	1	2	3	4	5
58. Provides you with challenging courses. ....	1	2	3	4	5

**SECTION H:** Please think IN GENERAL about all your courses and experiences at this college.

*How often do you...*

59. Participate in class discussions? .....	1	2	3	4	5
60. Present information to your class? .....	1	2	3	4	5
61. Work with other students on assignments/projects? .....	1	2	3	4	5
62. Review an assignment/project before submitting it? .....	1	2	3	4	5
63. Complete homework assignments/projects on time? .....	1	2	3	4	5
64. Discuss your course performance with a teacher? .....	1	2	3	4	5
65. Work hard to meet the demands of your courses? .....	1	2	3	4	5



**SECTION I: The college is interested in understanding demands on students' time while at college.**

Estimate to the nearest hour, how many hours you spend in a typical 7-day week doing each of the following:

	None	1-5 hours	6-10 hours	11-15 hours	16-20 hours	21-25 hours	More than 25 hours
66. Traveling to and from the college. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
67. Coursework outside of class. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
68. Participating in college activities other than attending classes or labs. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
69. Participating in volunteer activities. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
70. Working for pay. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
71. Providing care for dependents (e.g., children, spouse/partner, relatives, etc.). ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**SECTION J: To help us group responses, please provide the following information about yourself: (No information which could identify an individual will be reported.)**

72. You are:     Female     Male

73. Your age is (in years):  
 Less than 21     21-25     26-30     31-35     More than 35

74. Your first language is:  
 English     French     Other

75. The education you completed before entering this program includes: (Select all that apply.)  
 High school diploma     Some university  
 College upgrading     University degree  
 Some previous college     Other  
 College diploma     None of the above

76. Your main goal in enrolling in this program is: (Select only one.)  
 To prepare for employment/career  
 To prepare for further college or university study  
 To pursue an interest or for personal development  
 Other

77. You are registered as a:  
 Full-time student     Part-time student

78. Are you enrolled at Northern College on an International Study permit?  
 Yes     No

79. Are you registered in a Co-op Diploma Apprenticeship (CODA) program?  
 Yes     No     Do not know

80. Has either of your parents/guardians ever attended a university or college?  
 Yes     No

81. Do you consider yourself to have a physical, intellectual, mental health or learning disability?  
 Yes     No     Prefer not to say

**SECTION K: College-Specific Questions**

82. How satisfied are you with your overall experience of taking a course via video conferencing, audio conferencing and/or Centra?  
 Very Satisfied  
 Satisfied  
 Neutral  
 Dissatisfied  
 Very Dissatisfied  
 Not Applicable

83. Based on your experiences to date, would you recommend Northern College to someone else?  
 Yes  
 No  
 Not Sure

84. What is the main reason you chose Northern College? (Select only ONE response)  
 Location of campus/college  
 Offered the program I wanted  
 Reputation of the program  
 Reputation of the college  
 Smaller college benefits (known by name, personal attention, small class size, etc.)

85. What would you consider to be Northern College's greatest strength? (Select only ONE response)  
 Faculty members (professors, teachers)  
 Quality of program  
 Facilities  
 Student support services (i.e. student services, student success centre, counselling services, etc.)  
 Friendly and caring atmosphere

86. What is your preferred method of communication with the Northern College Student Association (NCSA)? (Select only ONE response)  
 Class representatives  
 E-mail  
 Facebook, Twitter, etc.  
 Flyers  
 Posters  
 TV monitors  
 Website  
 Word of mouth

**Thank you for your participation.**