



Community Partner Survey

COMMUNITY ORGANIZATION: _____

WEBSITE: _____

NAME: _____

TITLE & CONTACT INFORMATION: _____

Address, City, & Zip: _____

Phone #: _____ Fax #: _____

E-mail: _____

Section 1: Efficacy/Capacity. How strongly do you agree or disagree with the following statement at this point in time: "As a result of this service learning partnership, my organization was able to..."	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
Improve our ability to meet community needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase the number of clients served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase the number of services offered to our clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish new connections and networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grow our capacity to serve our clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet strategic planning goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persuade others that youth can be an asset in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe that our beneficiaries valued college students' efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Reciprocal Partnership. Please rate your level of satisfaction with your connection to Gateway Technical College.	Deeply Unsatisfied 1	Unsatisfied 2	No Opinion 3	Satisfied 4	Highly Satisfied 5
Communication with faculty, college students and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of college student work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback and input into planning of experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scope and timing of service activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall coordination of service learning programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: How strongly do you agree with the following statement at this point in time:	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
The service learning program effectively addressed a real community problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My organization is committed to providing on-going support to the service learning mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Reciprocal Partnership. Please rate the level of challenges you encountered with the following issues:	Not Applicable	Highly Significant Challenge	Significant Challenge	Moderate Challenge	Not a Challenge
	1	2	3	4	5
Demands upon staff time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College student(s) service time period insufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of college student(s) commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too few college students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too many college students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College student(s) not well prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College student(s) did not perform as expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little contact/interaction with college faculty/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: IF YOU EVER HAVE ADDITIONAL QUESTIONS, COMPLAINTS, OR COMMENTS, PLEASE EMAIL CARRERAM@GTC.EDU OR XIONGP@GTC.EDU

THANK YOU FOR COMPLETING THIS FORM!

<p>Please return a copy to:</p> <p>(Kenosha Campus) Service Learning Center C/O Madeline Carrera 3520 30th Avenue Kenosha, WI 53144 P: 262.564.3138 F: 262.564.2063 E: carreram@gtc.edu</p>	<p>(Racine Campus) Service Learning Center C/O Pheng Xiong 1001 S. Main Street Racine, WI 53403 P: 262.619.6488 E: xiongp@gtc.edu</p>
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