

# LEARNING LAB EVALUATION SURVEY

The Student Success Center appreciates your cooperation in completing the survey below.

**\* Required**

1. How often do you access the Learning Lab \*
  - First timer
  - Once a week
  - 2-3 times per week
  - Occasionally
  - Everyday
  
2. What services have you used in the Learning Lab? \*
  - Tutoring
  - Computers
  - Printing
  - Textbook Materials
  - Science Models
  - Other: \_\_\_\_\_
  
3. Did you find the Learning Lab conducive to studying? \*
  - Yes
  - No
  
4. Do the access hours of the Learning Lab fit your needs? \*
  - Yes
  - No
  
5. What other resources do you feel the Learning Lab should have to aid in your success as a student? \*
  
6. Would you be interested in being on an e-newsletter listing if the Student Success Center sent out information on workshops, study habits and strategies? \*
  - Yes
  - No
  
7. If you would like an e-newsletter, please provide your first and last name.
  
8. If you would like an e-newsletter, please provide your email address
  
9. Date Survey Completed (MMDDYY) \* \_\_\_\_\_

*Submit the evaluation to the Student Success Center Coordinator at [studentsuccess@csmd.edu](mailto:studentsuccess@csmd.edu) or in person at LR 120.*