



Volunteer and Service-Learning Center
Buffalo State College
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Fall 2008
Community Partner Survey

Community Organization _____

Community Partner Contact Name _____

Address _____ Phone _____

Fax _____ E-Mail Address _____

1. How did your interaction with the college influence your organization? (Check any that apply)

- | | |
|---|---|
| <input type="checkbox"/> Improvement in meeting community needs | <input type="checkbox"/> New ideas brought by students |
| <input type="checkbox"/> Increase in numbers of clients served | <input type="checkbox"/> Provided a mentoring opportunity for staff |
| <input type="checkbox"/> Increase in number of services offered | <input type="checkbox"/> No influence |
| <input type="checkbox"/> New connections/networks | <input type="checkbox"/> Other influence (Please specify) _____ |
| <input type="checkbox"/> Lightened staff work loads | _____ |

What direct impact did the student(s) have on your organization and/or your clients?

2. Please rate your level of satisfaction with your connection to the Buffalo State Service-Learning Program.

1 = strongly dissatisfied 2 = dissatisfied 3 =neutral 4 = satisfied 5 = very satisfied

	SD	D	N	S	VS
1. Overall communication with students, faculty, and staff	1	2	3	4	5
2. Quality of student work	1	2	3	4	5
3. Feedback and input into planning of experiences	1	2	3	4	5
4. Scope of activities	1	2	3	4	5
5. Timing of project activities	1	2	3	4	5
6. Overall coordination of the Service-Learning program	1	2	3	4	5
7. Knowledge of course goals and learning objectives	1	2	3	4	5

3. What was the best aspect of this partnership for the organization? What factors led to this success?

4. How can VSLC faculty and staff better communicate with your organization?

- | | |
|--|---|
| <input type="checkbox"/> Regular e-mail correspondence | <input type="checkbox"/> More frequent community partner meetings |
| <input type="checkbox"/> Additional site visits | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Weekly phone calls | _____ |

(over)

5. What are some of the challenges you encountered? (check any that apply)

- | | |
|---|--|
| <input type="checkbox"/> Demands upon staff time | <input type="checkbox"/> Students not well prepared |
| <input type="checkbox"/> Student service time period insufficient | <input type="checkbox"/> Students did not perform as expected |
| <input type="checkbox"/> Lack of student commitment | <input type="checkbox"/> Little contact/ interaction with Buffalo State
College faculty/staff |
| <input type="checkbox"/> Lack of student professionalism | <input type="checkbox"/> Logistics and scheduling |
| <input type="checkbox"/> Too few students | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Too many students | |

Please describe one of these in greater detail and note how we might collaboratively address this challenge.

6. In what ways can we better prepare our students for their service at your organization?

7. What do you hope students have learned from their experience with your organization?

8. What suggestions or ideas do you have to improve the collaboration?

9. What is the most important thing you would like Buffalo State College to hear from your organization?

10. Do you plan to continue working with the college in this or another activity? Yes No

11. Please let us know if you would you like to set up a follow-up conversation by telephone in person?

Thank You!