



Student Affairs Planning, Assessment & Research

DIVISION OF STUDENT AFFAIRS

Survey Return Checklist

Your name: _____

E-mail: _____ Phone: _____

Organization/Department: _____

Date returned to SAPAR: _____

Before you turn in the surveys to be scanned, please complete the following questions and checklist and return it along with your completed surveys to 222 Koldus during business hours or mail to MS 1254.

Name of the program or survey: _____

Date(s) of event (if applicable): _____

Date(s) survey was distributed and collected: _____

Number who received a survey: _____

Number who attended the program (if applicable and different than above): _____

Please be sure to INITIAL the following checklist as you complete each action. This makes the scanning more efficient.

_____ **Make sure that *dark enough* marks have been made *inside* response circle, squares, or text boxes. (The circles do not necessarily need to be completely filled in). Responses should be marked in BLUE or BLACK ink. Responses not filled in correctly will not be scanned into the database, resulting in less information for you.**

_____ Stack surveys facing the same way.

_____ If survey is more than one piece of paper, **do not unstaple.**

If you have any other comments or information, please write them below.

Thanks for using the Department of Student Affairs Planning, Assessment & Research (SAPAR)!

| | |
|-----------------------------------|--|
| <i>For office use only:</i> | Number of surveys counted/scanned: _____ |
| Date surveys were received: _____ | Staff Initials: _____ |
| Date verifying began: _____ | Staff Initials: _____ |
| Date verifying complete: _____ | Staff Initials: _____ |