

# MSD Graduate Survey

*Information provided in this survey is very important for MSD to provide continual improvement to our students.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name at Graduation (if different than above): \_\_\_\_\_

Current Address: \_\_\_\_\_

Graduation/Last Year at MSD: \_\_\_\_\_ Resident Status (*check one*): dormitory  day

1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
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For each item identified below, **circle the number** to the right that best fits your judgment of its quality.  
Use the scale above to select the quality number.

Description / Identification of Survey Item	Scale				
1. The classrooms/dormitories were ... <i>(clean, comfortable &amp; good for learning)</i>	1	2	3	4	5
2. The teachers/staff were ... <i>(qualified, focused on my education and learning)</i>	1	2	3	4	5
3. The food at MSD was ...	1	2	3	4	5
4. The curriculum/classes for my diploma were ...	1	2	3	4	5
5. The vocational training that I received was ...	1	2	3	4	5
6. The support services that I received were ... <i>(audiology, counseling, nursing)</i>	1	2	3	4	5
7. MSD prepared me with independent living skills for after graduation ...	1	2	3	4	5
8. The campus is ... <i>(well maintained and accessible)</i>	1	2	3	4	5
9. The administration ... <i>(provided a safe and well-managed environment)</i>	1	2	3	4	5
10. MSD was the best place for me to get an education	1	2	3	4	5

While at MSD I received vocational training in: \_\_\_\_\_

I attend/attended college. YES  NO  Major \_\_\_\_\_

I am employed/retired: YES  NO  If YES, what kind of work? \_\_\_\_\_

Comments: \_\_\_\_\_

You may add any additional comments on the back of this sheet. Thank you for completing this survey!

**Please return to:**  
**Superintendent**  
**Missouri School for the Deaf**  
**505 E. 5<sup>th</sup> Street**  
**Fulton, Missouri 65251**

