



# Assessment/Placement Survey

## LACCD, Student Success, and AtD Summit on Assessment/Placement

One entry per campus.

Date

Name of Campus:

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**1. Please provide a short (1-3) paragraph description of your traditional assessment/ placement process:**

**2. How many students go through the assessment/ placement process each year?**

**3. Please provide a short description (1-3 paragraphs) of any additional support or supplemental programs that you provide for students (e.g. assessment preparation, multiple measures, appeal process, etc.) around assessment/ placement:**

**4. How many students are involved in these programs?**

**5. What is the staffing support for these programs?**

**6. Who is the program coordinator or contact?**

**7. What are the program's measurable goals?**

**8. Is there professional development to support this program?**

**One-day workshops**

**1/2 day workshops**

**Ongoing meetings**

**Opening day/convocation**

**Online materials/support/training**

**Other**

**9. How are you evaluating the program? Select all that apply.**

**Participation/Enrollment numbers**

**Changes in student perception/attitudes**

**Student behaviors (i.e. sees a counselor, enrolls in sequential math/English course, etc.)**

**Other**

**10. What are the current barriers/challenges?**

- Lack of administrative support**
- Faculty engagement**
- Student participation**
- Campus collaboration**
- Financial support**
- Alignment with college objectives**
- Lack of space (office and/or classrooms)**
- Scheduling conflicts**
- Lack of paid leadership/coordination**
- Other**

**11. What are the program's greatest successes?**

**12. Is the program aligned with other campus/district plans? Please select all that apply.**

- Basic Skills Initiative (BSI)**
- SSSP**
- Student Success (other)**
- Strategic Plan**
- Student Services Master Plan**
- Technology Plan**
- Educational Master Plan**
- District Strategic Plan**
- Other**

**13. What is the program's funding source? Please select all that apply.**

- SSSP**
- BSI**
- Program 100**
- CTEA**
- Title 5**
- Title 3**
- Other**

**14. What is the annual cost of the program?**

**15. What do you see as the major hurdles that need to be overcome to make this program more successful?**

Thank you