The Community College Student Report Information Sheet

- IPEDS Number:
- Sample Packet Number:
- College Name:
- Campus:
- Instructor Name:
- Course Full Name:
- Course Number:
- Section Number:
- Course Enrollment:
- Course Start/End Time:
- Building:
- Room:
- Beginning Survey Number:
- Ending Survey Number:

Please complete the following information:

Survey Administrator Name:_____

Survey Administered By: ○ Faculty   ○ Survey Administrator
Faculty Member's Status: ○ Full-Time   ○ Part-Time

Number of Students in Attendance:	Total Administration Time: *in minutes*	Administration Date:

How many students in this class have special needs:	Number of credit hours taught this semester by faculty member teaching this class:	
	Semester system hours:	Quarter system hours:

Signing this form indicates the person who administered the survey ***read the survey script to the respondents:***

Signature of Person Administering Survey:_____