



## ***Student Self-Evaluation Checklist***

**Last Name:**

**First Name:**

**Email Address:**

**Current Campus Attending:**

Place an **X** or and an **\*** in either box (Yes or No) as it relates to each of the statements.

| <b>STATEMENT</b>                                                                                                                          | <b>YES</b>               | <b>NO</b>                |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Are you self-disciplined:                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you able to manage your time effectively?                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you able to work independently?                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you goal driven and have a high degree of initiative?                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you comfortable using a computer and the Internet?                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have or are you willing to obtain Internet access from your home?                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel that your personal and professional experiences in the learning environment will be of benefit to your studies?               | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you willing to dedicate a minimum of 8 to 10 hours per week (for each class) to participate in this learning process?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a self-directed person?                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you proficient in written communication?                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you believe reflection is a profitable component of the learning process?                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you willing to actively communicate with classmates, instructors, and other professionals through an electronic learning environment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you willing to take responsibility for your own learning outcomes throughout your studies?                                            | <input type="checkbox"/> | <input type="checkbox"/> |

Download each of the surveys (*Student Self-Evaluation Checklist* and *Survey of Student Technology Experience*) and save each one as a **word document**. Once surveys are completed, email surveys to the student services representative (onlineprograms@schiller.edu) sending both surveys **as email attachments**.