

## 1. GVSU Division of Student Services Strategic Planning Survey

Please complete the following survey. If you would prefer that your input be anonymous do NOT fill out the contact information fields at the end of the survey. We realize that you may not know about all offices within the Division, so please feel free to address your remarks to those offices with which you are most familiar.

1. Please select your affiliation with the Division of Student Services.

- Faculty
- Staff
- Student
- Community Member

2. Please select all of the offices within the Division of Student Services that you are most familiar with.

- Campus Recreation
- Career Services
- Children's Enrichment Center
- Counseling and Career Development Center
- Housing and Residence Life
- LGBT Resource Center
- Office of Multicultural Affairs
- Pew Student Services
- Student Life
- Women's Center
- Dean of Student's Office

\* 3. STRENGTHS

What stands out as one or two strengths of the Division of Student Services at GVSU (i.e. capabilities, resources, people, innovative aspects, cultural attitudes, programs, philosophy, values). Please list as bulleted items:

	5
	6

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## \* 4. WEAKNESSES

What do you consider to be one or two weaknesses of the Division of Student Services at GVSU (i.e. gaps in capabilities and/or service, reputation, reach, financial support, morale, commitment, management). Please list as bulleted items:

  

## \* 5. CONTRIBUTIONS

What do you consider to be one or two ways in which the Division of Student Services can make contributions to students, faculty, and staff at GVSU (i.e. services, collaboration, partnerships, supporting the university mission, retention of students). Please list as bulleted items:

  

## \* 6. CHALLENGES

What do you consider to be one or two challenges to the success of the Division of Student Services at GVSU (i.e. sustaining staff competencies and training, addressing appropriate populations, new appropriate services, sustainable financial support, bridging to faculty and other staff, meeting current student needs). Please list as bulleted items:

  

7. You are not required to submit your contact information to complete this assessment. If you wish to provide your name, e-mail address and/or a phone number, please do so below. We thank you for contributing to our strategic planning process.

Name

E-Mail

Phone Number