



San Bernardino  
**Valley College**

Classified Senate

## Collegial Consultation Committee Survey Form

This committee survey form may be submitted at any time by the committee member or at the request of the Classified Senate, but should be completed a minimum of at least once per year, per committee member.

**Your Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Committee Name:** \_\_\_\_\_

Do you believe this committee is productive and focused on goal? If no, please explain.

Do you believe this committee requires a classified member? Please explain why.

Do you believe that your role as a classified member of this committee is valued?

Do you believe there is sufficient classified representation on this committee?

Do you believe this committee representative should report at each senate meeting? (If yes, please state why.)

**Please provide any additional comments you wish to share with the Senate about this committee:**

The classified Senate would like to recognize your committee participation for the year. Please include a summary below of any and all committees of a governance nature (not inter-departmental) whether short-term, long-term, standing or temporary. Please include your title on the committee if relevant. Thank you for your service on behalf of SBVC classified Staff!