

**SERVICES EVALUATION FORM**

Fall/ Spring \_\_\_\_\_ (year)

Please take a moment and complete this evaluation form. Your feedback will assist us to continually improve our services. Please return the completed evaluation to room E1214/ N300. We request that you fill out this form once per semester.

Thank you.

1. Are you registered with the Office of AccessABILITY?  
Yes      No
  
2. Number of times you have visited the office during the current semester:
  
3. Which services/ programs do you utilize most? ( please check all that apply)
  - Academic Advising/ Counseling (appeals, course withdrawal, add/drop, etc.)
  - Advocacy
  - Deaf and Hard of Hearing Advising/ advocacy
  - Interpreting/CART/Oral interpretation
  - Note taking services
  - Reader Services
  - Locker Request
  - Tutoring
  - Tutoring Referrals (Reading/Writing/Math centers, etc.)
  - Foreign Language Substitution
  - Outside Referral (LD Evaluation, Psychiatric, etc.)
  - Placement Exam Accommodation
  - Study Abroad Program
  - Testing Accommodations
  - Alternate Text Format
  - Assistive Technologies
  - Early Registration
  - LEADS counseling/ Career Services
  - Financial Aid (e.g. Part-time TAP)
  - Workshops, Events
  - Other

*Please use the following scale to indicate your agreement with the statements below:*

- 1 = Strongly Disagree
- 2 = Somewhat Disagree
- 3 = Somewhat Agree
- 4 = Strongly Agree

1. I was satisfied with my reception in Room 1214B East
  
2. The staff was able to assist me with my academic / disability needs.
  
3. The staff was able to direct me to the proper counselor who was able to assist me with my academic / disability needs.
  
4. The counselor made me feel at ease so that I could express and discuss my concern(s).
  
5. The counselor was well informed about disability and/ or academic process.
  
6. I left the counselor with a better understanding of the services offered by the office.
  
7. I left the counselor with a better understanding of my problem(s), options and way to work towards resolving my concern(s).
  
8. The counselor followed up with my request(s) and helped me to resolve my concern one way or another.
  
9. The counselor helped me to recognize my potentials and learn to become more independent

## Access & Technology Center & Testing

*Please use the following scale to indicate your agreement with the statements below:*

- 1 = Strongly Disagree
- 2 = Somewhat Disagree
- 3 = Somewhat Agree
- 4 = Strongly Agree

1. I was satisfied with my reception in N300
2. The Access Center's staff were able to assist me with my academic / disability concerns.
3. The center was able to direct me to the proper counselor who was able to assist me.
4. The assistive technology personnel made me feel at ease so that I could express and discuss my concern(s).
5. The staff was well-informed about disability and assistive technology software/hard ware and their applications.
6. The Testing staff were able to assist me with special accommodation for exams (e.g. placement, midterms, finals) upon my request in a timely fashion.
7. The Testing Staff made sure that I received all my accommodations, once I met all the requirements and followed the guidelines of the program.
8. I was able to get my text in alternate format in a timely manner and when that was not possible, the center provided me with alternatives.

*Please drop this form off in Room 1214B East Building*

*Thankyou!*