

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:
1 2 3 4 5 6 or more

3. Which services/ programs do you utilize most? (please check all that applies)
 - 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 and Events
 - Other _____

Counseling Services

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
1 2 3 4

2. The staff was able to assist me with my academic / disability needs.
1 2 3 4

3. The staff was able to direct me to the proper counselor who
was able to assist me with my academic / disability needs.
1 2 3 4

4. The counselor made me feel at ease so that I
could express and discuss my concern(s).
1 2 3 4

5. The counselor was well informed about disability and / or academic process.
1 2 3 4

6. I left the counselor with a better understanding of the services offered by the office.
1 2 3 4

7. I left the counselor with a better understanding of my problem(s),
options and way to work towards resolving my concern(s).
1 2 3 4

8. The counselor followed up with my request(s) and helped me to resolve my
concern one way or another.
1 2 3 4

9. The counselor helped me to recognize my potentials and learn to become more
independent
1 2 3 4

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
1 2 3 4

2. The Access Center's staff were able to assist me with my academic / disability concerns.
1 2 3 4

3. The center was able to direct me to the proper counselor who was able to assist me.
1 2 3 4

4. The assistive technology personnel made me feel at ease so that I could express and discuss my concern(s).
1 2 3 4

5. The staff was well informed about disability and assistive technology soft ware/hard ware and their applications.
1 2 3 4

6. The Testing staff were able to assist me with special accommodation for exams (CUNY placement, midterms/ finals) upon my request in a timely fashion.
1 2 3 4 NA

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.
1 2 3 4

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.
1 2 3 4 NA

Please drop this form off at Room 1214B East

Thank you!