



DISABILITY Services STUDENT EVALUATION

Quarter/Year: _____ Number of Terms Attended _____

Name (Optional): _____

Program of Study _____

Current GPA _____

This evaluation gives you an opportunity to express yourself about the Disability Services program and the services you received. Your honest, objective evaluation is invited. The results of the evaluation will be used to help determine effectiveness as well as areas for improvement.

- Directions:
1. Check ✓ the response that best gives your opinion of each statement.
 2. Make additional comments in the spaces provided.
 3. Return completed sheet to Disability Services via mail, email or in person

- Response Scale:
- Excellent** – The services were above what I expected
 - Good** – The services were what I expected
 - Fair** – My needs were meet only to a degree
 - Poor** – My needs were not met by Disability Resources

	Excel	Good	Fair	Poor
1. How would you rate the information provided by Disability Services and the accommodations offered?	_____	_____	_____	_____
2. How would you rate the availability of assistive technology (software or other devices) as it related to your needs?	_____	_____	_____	_____
3. Did you feel you could receive additional assistance or accommodations from Disability Services when requested?	_____	_____	_____	_____
4. How would you rate the helpfulness of Disability Services staff?	_____	_____	_____	_____
5. How would you rate the accommodations you received in the classroom?	_____	_____	_____	_____
6. Were services and accommodations provided as expected?	_____	_____	_____	_____
7. Were services provided in a timely manner?	_____	_____	_____	_____
8. How would you rate the ease of using services offered by Disability Services?	_____	_____	_____	_____

9. If you were dissatisfied with any services, or lack of services, did you bring it to the attention of Disability Resources?

_____ Yes _____ No

10. If you answered "yes," were additional accommodations made on your behalf and to your satisfaction?

_____ Yes _____ No

11. What accommodation(s) were the most helpful? _____

12. What has the College provided or done that has exceeded your expectations?

13. Please suggest any improvements or additional disability services that might improve your experiences at Chattahoochee Technical College.

***Thank you for your response. We appreciate feedback to better our services.
Please return survey to Disability Services***

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