



Student Feedback Form

(5) Strongly Agree (4) Agree (3) No Opinion (2) Disagree (1) Strongly Disagree (check box)

- 1. I was treated with respect. 5 4 3 2 1
- 2. The staff was knowledgeable . 5 4 3 2 1
- 3. My questions and concerns were addressed in a timely manner 5 4 3 2 1
- 4. The staff provided useful resources 5 4 3 2 1
- 5. The services I needed were provided. . 5 4 3 2 1
- 6. What is the Office for Students with Disabilities doing well?
- 7. How can the Office for Students with Disabilities improve its services?
- 8. Please share your thoughts, additional feedback, suggestions and comments.
- 9. Tell us about events/workshops/programs you would like to see.

OPTIONAL/CONFIDENTIAL INFORMATION

Name: _____ CIN: _____

Phone: _____ Email: _____

Please let us know if you would like to be contacted. Yes No