

Student ACCESS SURVEY OF SERVICES

Please take a few minutes to evaluate our services by sharing your honest opinions on this questionnaire. All responses will be kept confidential. Thank you for your time.

1. What is your major? _____
2. Do you know what your disability is? yes no
3. Are you aware of your academic strengths and weaknesses yes no
4. What accommodations were you receiving (check all that apply)

<input type="checkbox"/> interpreter	<input type="checkbox"/> TTY	<input type="checkbox"/> tape player/recorder
<input type="checkbox"/> notetaker	<input type="checkbox"/> adjustable chair	<input type="checkbox"/> books on tape
<input type="checkbox"/> reader	<input type="checkbox"/> adjustable desk	<input type="checkbox"/> extended test time
<input type="checkbox"/> scribe	<input type="checkbox"/> mobility assistance	<input type="checkbox"/> quiet test room
<input type="checkbox"/> braille	<input type="checkbox"/> elevator key	<input type="checkbox"/> computer for test
<input type="checkbox"/> enlarged text	<input type="checkbox"/> special parking	<input type="checkbox"/> other: _____

YES **NO**

- | | | |
|---|--------------------------|--------------------------|
| 5. Disability documentation requirements were clear to me.
If no, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Disability service providers were helpful in setting up my accommodations.
If no, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Accommodations were set up in timely manner for me to use.
If no, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My accommodations contributed to my academic progress.
If no, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Student ACCESS promoted a positive/realistic attitude towards my academic participation.
If no, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Would it be better if the Student ACCESS office was in a more privately accessible location?
If YES`, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

Overall satisfaction and quality of services provided by Student ACCESS
 poor average good excellent

What are the most important things that contribute to your success at HCC?

What are the biggest obstacles to your success at HCC?

In what ways can HCC improve its disability services to students?

Please feel free to add other comments below or on the back