

EVALUATION OF SERVICES FOR STUDENTS WITH DISABILITIES

You can help us improve disability access at HCC by sharing your honest opinions on this questionnaire.
All responses will be kept confidential. Thank you for your time!

A. Please respond to items 1 - 7 below by making a check mark or filling in the blank as appropriate:

1. What is your major? _____
2. This semester were you (check one):
 entering college for the first time? returning after a break from college?
 continuing at HCC from last semester? transferring from another college?
 enrolling at HCC just to take one course?
3. Are you a (check one) full time student? part time student?
4. Are you taking classes during the (check one): day only? evening only? both?
5. What type of disability do you have? (check all that apply): learning psychological mobility visual hearing speech
 other (specify) _____
6. What is your reason for coming to college? (check one): 2-year degree 4-year degree
 job improvement personal improvement other (specify): _____.
7. What accommodations are you currently receiving? (check all that apply)
 interpreter TTY tape player/recorder
 notetaker adjustable chair books on tape
 reader adjustable desk extended test time
 scribe mobility assistant quiet test room
 braille elevator key computer for tests
 enlarged text special parking other: (specify) _____.

B. Please respond to items 1 –10 below by placing a check mark in the appropriate column.

	Agree	Disagree	N/A
1. Information on the HCC disability access webpage was helpful.			
2. The office staff were helpful in making campus services accessible to me.			
3. The academic counselors were helpful in planning my courses.			
4. Disability documentation requirements were clear to me.			
5. The disability service providers were helpful in setting up my accommodations.			
6. My accommodations were set up in time for me to use.			
7. My teachers were helpful in providing my prescribed accommodations.			
8. I found sufficient disability parking available at HCC.			
9. HCC's programs, activities, and services were accessible to me.			
10. My accommodations contributed to my academic progress.			

Please make comments or suggestions regarding items B1 –10 on the back of this sheet.

C. Please check the appropriate column for each facility listed below. If it is not accessible, please help us by providing details in the last column and/or on the back of this sheet.

HCC Facility	Yes, it is accessible to me.	No, it is not accessible to me.	I do not use this facility.	Comments
1. Beauty Salon				
2. Bookstore				
3. Business/Cashier's Office				
4. Cafeteria				
5. College Skills Center				
6. Computer Lab				
7. Counseling Office				
8. Financial Aid Office				
9. Health Office				
10. Job Placement Office				
11. Library				
12. Native Hawaiian Center				
13. Records Office				
14. Restrooms (specify Bldg.)				
15. Elevators (specify Bldg.)				
16. Student Activity Center (lounge)				
17. Student Life Office (for IDs)				
18. HCC Website (www.hcc.hawaii.edu)				
19. Other: _____				

D. Please respond to the following questions.

1. What are the three most important things that contribute to your success at HCC?
2. What are the three biggest obstacles to your success at HCC?
3. In what ways can HCC improve its disability services to students?

Your comments are valuable to us. If you would like to discuss your suggestions or concerns further, please feel free to contact any of the following people: Lorri Taniguchi – Health Office (845-9282 v/tty), Sheryl Legaspi – College Skills Center (845-9272 v/tty) or Theron Craig – ADA/504 Coordinator (845-9235).

Thank you for taking the time to complete this survey.
Please place it in the SSD Box in the Health Office (Bldg. 2, Rm. 108A) or the College Skills Center (Bldg. 7, Rm. 317).