

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good Very Satisfied Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. I gave them very satisfied is that they are very polite to us and very communicating.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No _____
4. If you did get referred for services, did you make use of the referrals? Yes _____ No ☒
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. I did not make use of the referred services because I like to do it on my own.
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? I need the referral because of my anxiety and need more time to finished my work.
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No _____

10. Could you please share with OAS some reasons for the above answer?

Anxiety, need more time.

11. What can OAS do to improve its services for students with disabilities? By helping

them to take the Programs so they can improve on their
skills.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

None.

14. Do you use Assistive Technology (A.T.)? Yes ☒ No ☐

15. If you do use A.T., please identify what it is: Phone and laptop.

16. What A.T. do you need for future semesters here at GCC? Phone and a

laptop.

**THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO
THE ABOVE!!**

OFFICE of ACCOMMODATIVE SERVICES SURVEY

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1. How would you rate ~~your services~~ from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied
____ Poor ____
2. Please provide some of the reasons why you gave OAS the above rating. very accomodating the needs of the student

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ____ No ____
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒
No ____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ____ No ____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes ☒ No ____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO _____

13. Can you please provide OAS the names of the faculty that you believe ~~should~~ have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

Mr. Munoz, Mrs. Babin are good teachers they did a good
job.

14. Do you use Assistive Technology (A.T.)? Yes _____ No ☒

15. If you do use A.T., please identify what it is: None

16. What A.T. do you need for future semesters here at GCC? None

**THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO
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1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied / Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. quick & efficient

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes / No _____
4. If you did get referred for services, did you make use of the referrals? Yes / No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes / No _____
Class
Teachers from last semester did not modify anything in class, only for exams
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No / _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes _____ No _____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES / NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes / No ~~yes~~

15. If you do use A.T., please identify what it is: calculator

16. What A.T. do you need for future semesters here at GCC? calculator

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

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1. How would you rate your services from the Office of Accommodative Services for SPRING / SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. To help them to know if their program is working out for us students at Gall.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No ☐
During the other semester Fall/Spring 2019. There was one of the Project AIM tutors did try to help even though they weren't familiar with the ass.
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☐
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? because it's possible that I would reach out for tutoring assistants.
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

Actually, its the same. They (OAS) provide accomodation forms

11. What can OAS do to improve its services for students with disabilities? I would ^{For my} ~~Teachers.~~
prefer All individuals that have this form to seat in front. ^(accomodation)

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ✓ NO

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

They all help in the best of their
knowledge and however they could help the ^{student.}

14. Do you use Assistive Technology (A.T.)? Yes No ✓

15. If you do use A.T., please identify what it is:

16. What A.T. do you need for future semesters here at GCC?

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1. How would you rate your services from the Office of Accommodative Services for SPRING / SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ✓ Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. All teachers agreed, asked questions, and very helpful for my well-being.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ✓ No _____
4. If you did get referred for services, did you make use of the referrals? Yes ✓ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____ No X
Have not yet started tutoring/ other services since class has just began.
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes _____ No _____ first semester

10. Could you please share with OAS some reasons for the above answer?

This is my first semester, no comparison.

11. What can OAS do to improve its services for students with disabilities? No input.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

So far, all faculty have been very helpful.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

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1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. Because it help me let my teachers know my learn abilities and get info.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No ☐
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

my teacher helped alot

11. What can OAS do to improve its services for students with disabilities? _____

just the same

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

MA100

14. Do you use Assistive Technology (A.T.)? Yes ☒ No _____

15. If you do use A.T., please identify what it is: Phone

16. What A.T. do you need for future semesters here at GCC? _____

Phone

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2. Please provide some of the reasons why you gave OAS the above rating. _____

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes X No _____
4. If you did get referred for services, did you make use of the referrals? Yes _____ No X
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. NO TIME

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes X No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No X
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes X No _____

10. Could you please share with OAS some reasons for the above answer?

TEND TO MY REQUESTS.

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes _____ No X

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

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2. Please provide some of the reasons why you gave OAS the above rating. I did good at my history class and pass it I got a B on my grade.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No _____
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? I don't know
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No _____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES_____ NO_____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes_____ No_____

15. If you do use A.T., please identify what it is:_____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

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1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. DOCUMENTS ALWAYS READY ON TIME, TIME WAITING
FOR VERY MINIMAL
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes _____ No ☒
4. If you did get referred for services, did you make use of the referrals? Yes _____ No ☒ NA
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____ No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes _____ No ☒ THE SAME

10. Could you please share with OAS some reasons for the above answer?

SERVICES ARE SAME

11. What can OAS do to improve its services for students with disabilities? _____

NO COMPLAINTS

12. Did faculty provide the accommodations that you were entitled to as stated in your Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. Helped me alot reach my educational goals.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No ☐
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☐
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? To help with assignments
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

Made adjustments.

11. What can OAS do to improve its services for students with disabilities? _____

Its good the way it is.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

Math courses.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

~~None~~ Nothing that I can think of so far.

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

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1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. THEY ARE ALWAYS AVAILABLE
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☐ No ☒
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. I DIDN'T HAVE TIME.
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No ☐
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☐
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? JUST FOR HELP.
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

N/A

11. What can OAS do to improve its services for students with disabilities? _____

NOT SURE

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☒ No _____

15. If you do use A.T., please identify what it is: CELL PHONE

16. What A.T. do you need for future semesters here at GCC? _____

WOULD BE NICE E-BOOKS

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

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1. How would you rate your services from the Office of Accommodative Services for SPRING / SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. 1. Very helpful 2. Helped me transfer for classes and what I need to do.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. ~~Yes~~ Yes mostly helping me out
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No ☐
Project AIM helped me out with my editing
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☐
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? Because, It helps me focus on better and help me out
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

~~DA~~ Mostly helping me out

11. What can OAS do to improve its services for students with disabilities? To

make them do better

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

Cruz (English), Math (Chopez) and
American Sign Language (L.G.) / Leon Guerrero

14. Do you use Assistive Technology (A.T.)? Yes ☒ No ☐

15. If you do use A.T., please identify what it is: Computers and recordings

16. What A.T. do you need for future semesters here at GCC? Classes and

Tutoring me

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

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1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied____ Satisfied____ Poor____
2. Please provide some of the reasons why you gave OAS the above rating. OAS PROVIDED US & ASSISTED US WITH ALL THE AVAILABLE RESOURCES "HANDS ON". WE THANK YOU FOR THE SERVICES.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No____
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. I ended up not attending the tutorial because of conflict in schedule AND OTHER SORT OF PER'TS.
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes____ No____
HOPE ZURIEL (Z) CAN BE ACCOMMODATED
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? BECAUSE OF HIS IMPAIRMENT
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No____

10. Could you please share with OAS some reasons for the above answer?

OAS SERVICES ALWAYS SUPER GOOD

11. What can OAS do to improve its services for students with disabilities? _____

THEY ARE GOOD.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

Ms. CEPEDA

14. Do you use Assistive Technology (A.T.)? Yes ☒ No _____

15. If you do use A.T., please identify what it is: VOICE RECORDER

16. What A.T. do you need for future semesters here at GCC? VISUAL

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

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This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good / Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. They were very helpful
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☐ No ☒
4. If you did get referred for services, did you make use of the referrals? Yes ☐ No ☒
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. I had trouble with a subject not listed for tutoring
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☐ No ☐
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

~~very good~~ 'My first semester.'

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes _____ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? ~~some~~ _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good / Very Satisfied _____ Satisfied _____ Poor _____

2. Please provide some of the reasons why you gave OAS the above rating. Great Service, thank you. Pre-enrollment during semester issues was dealt with efficiently (elevators & dogs).

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No _____

4. If you did get referred for services, did you make use of the referrals? Yes _____ No ☒

5. If you answered No to the above, can you please share the reason why you did not make use of the referral. I had personal challenges due to

medications and understood I had missed several foundation courses. I wish them to relate later.

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____ No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No _____

8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____

9. Has OAS provided better services this semester versus the previous semesters?

Yes _____ No _____

N/A ☒ my first quarter using services

10. Could you please share with OAS some reasons for the above answer?

This was my 1st semester using services

11. What can OAS do to improve its services for students with disabilities? _____

Allow all teachers to except online turn-in of homework.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES _____ NO ☒

I needed more time for math exams but was told I should be

13. Can you please provide OAS the names of the faculty that you believe should have done a able to do it.
better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

Mr. LAM

14. Do you use Assistive Technology (A.T.)? Yes _____ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied
____ Poor ____
2. Please provide some of the reasons why you gave OAS the above rating. I will use the resources

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ____
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒
No ____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes ☒ No ____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your
Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a
better job of providing you the accommodations that you were entitled to receive? Your
name will not be provided to these instructors. We are trying to work with these
instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

**THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO
THE ABOVE!!**

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. Provided great service

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No _____
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒
No _____
Tutoring, CLASS ASSISTANCE
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? I do
9. Has OAS provided better services this semester versus the previous semesters?
Yes ☒ No _____

10. Could you please share with OAS some reasons for the above answer?

GAVE EXTRA UNDERSTANDING WITH ME

11. What can OAS do to improve its services for students with disabilities? _____

CONTINUE DOING WHAT YOU'RE DOING

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

Mrs. Ventura, Mr. Healy, Mrs. Cheneau

14. Do you use Assistive Technology (A.T.)? Yes _____ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ✓ Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. The reasons ~~is~~ are because it helps me with classes in college.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ✓ No ✓
4. If you did get referred for services, did you make use of the referrals? Yes ✓ No ✓
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ✓ No _____
My classes were a bit challenging ~~at times~~ occasionally during the semester but passed classes
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No ✓
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes ✓ No _____

10. Could you please share with OAS some reasons for the above answer?

Not sure because that was my first semester in college.

11. What can OAS do to improve its services for students with disabilities? Hire

move people to deal with students who have disabilities.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ✓ NO

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

N/A

14. Do you use Assistive Technology (A.T.)? Yes No ✓

15. If you do use A.T., please identify what it is:

16. What A.T. do you need for future semesters here at GCC? Not sure

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐
Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. Very helpful personnel to my needs

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒
No ☐

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

They always provide better services every semester

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☒ No ☐

15. If you do use A.T., please identify what it is: Recording device (iPhone)

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for ~~SPRING~~/SUMMER//FALL 2019 Semester? Very Good/Very Satisfied____ Satisfied____
____ Poor____
2. Please provide some of the reasons why you gave OAS the above rating. _____

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes____ No____
4. If you did get referred for services, did you make use of the referrals? Yes____ No____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes____
No____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES____ No____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes____ No____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☒ No ☐

15. If you do use A.T., please identify what it is: laptop

16. What A.T. do you need for future semesters here at GCC? _____

**THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO
THE ABOVE!!**

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied X Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. WHEN I ENCOUNTERED SOME HEALTH ISSUES THEY WERE
ABLE TO REQUEST FOR AN "INCOMPLETE" GRADE AND GAVE ME A CHANCE
TO COMPLETE THE 3 COURSES I STARTED
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes _____ No X
4. If you did get referred for services, did you make use of the referrals? Yes _____ No X
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. I THOUGHT I DIDN'T NEED IT BUT NOW I
WILL UTILIZE THE REFERRALS TO HELP ME WITH MY COURSE WORK
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____ No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES X No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? TECHNO DIVERSION
9. Has OAS provided better services this semester versus the previous semesters? Yes X No _____

10. Could you please share with OAS some reasons for the above answer?

I had no need for their assistance last semester

11. What can OAS do to improve its services for students with disabilities? make students more aware that certain students do have disabilities and to not treat them differently.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes _____ No X

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for
SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied ✓ Satisfied
____ Poor ____

2. Please provide some of the reasons why you gave OAS the above
rating. Very good communicative services with the ADR Dept.

3. During the semester OAS made referrals for some students to receive tutoring and
other services. Were you one of those students? Yes X No ____ but don't use tutoring.

4. If you did get referred for services, did you make use of the referrals? Yes ____ No X

5. If you answered No to the above, can you please share the reason why you did not make
use of the referral. FULL TIME JOB LIMITS ME TO CLASSES OR TUTORING.
Help. Time is limited

6. If you did make use of the referrals to receive tutoring or other services, please share
with OAS how the experience worked out for you. Did your grades get better? Yes ____
No ____

NOT SURE. HAS TO TAKE TIME OUT OF CLASSES FOR MEDICAL TRIPS.

7. If you did not receive a referral for services such as tutoring, would you have wanted a
referral? YES X No ____ They did offer

8. If your answer to the above was "Yes", can you tell us why you believe you needed a
referral? _____

9. Has OAS provided better services this semester versus the previous semesters?

Yes ____ No ____ Always provide good services, Excellent services.

10. Could you please share with OAS some reasons for the above answer?

NO DIFFERENT / DIFFERENCE OF SERVICE. ALL SEMESTER SERVICES WERE GOOD

11. What can OAS do to improve its services for students with disabilities? _____

POSSIBLY SHARE WITH OTHER OAS IF APPROPRIATE.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

none

14. Do you use Assistive Technology (A.T.)? Yes _____ No X

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ✓ Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. I was provided with accommodation services to be successful.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes _____ No X
4. If you did get referred for services, did you make use of the referrals? Yes _____ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____ No _____
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No X
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes _____ No _____

no this is my first semester.

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

my teachers are good at thier jobs.

14. Do you use Assistive Technology (A.T.)? Yes X No _____

15. If you do use A.T., please identify what it is: laptop & digital reader
co-writer

16. What A.T. do you need for future semesters here at GCC? _____

digital text books

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. I use the resources with Project AIM.

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No ☐

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

**THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO
THE ABOVE!!**

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. Because accommodative services really does help me while I attend classes.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☐ No ☒
4. If you did get referred for services, did you make use of the referrals? Yes ☐ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. Not needed while attending class.
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☐ No ☐
N/A
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☐ No ☐ N/A
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? N/A
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

Because whenever something is needed OAS is there.

11. What can OAS do to improve its services for students with disabilities? Help them feel more at ease about attending college.

12. Did faculty provide the accommodations that you were entitled to as stated in your Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

n/a

14. Do you use Assistive Technology (A.T.)? Yes ☒ No ☐

15. If you do use A.T., please identify what it is: hearing aids, braces

16. What A.T. do you need for future semesters here at GCC? n/a

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. They helped me with assistance in my classes.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No ☐
My grades got better.
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☐
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? I need to do more studying in math
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

They helped me for the previous semesters.

11. What can OAS do to improve its services for students with disabilities? They should help students out in terms of registering.

12. Did faculty provide the accommodations that you were entitled to as stated in your Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating. _____

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☐ No ☒
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☐ No ☒

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☐ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☒ No ☐

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL/2019 Semester? Very Good/Very Satisfied ☒ Satisfied
____ Poor____
2. Please provide some of the reasons why you gave OAS the above rating. Very helpful

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No____
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒
No____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? Tutoring is helpful

9. Has OAS provided better services this semester versus the previous semesters?
Yes ☒ No____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES _____ NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes _____ No _____

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. I like the services

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No _____
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒
No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes ☒ No _____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐
____ Poor ____
2. Please provide some of the reasons why you gave OAS the above rating. always helpful

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒
No ☐
I won't know my grade's until the end.
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☐ No ☐
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? ~~Don't know~~ Not a good test taker
9. Has OAS provided better services this semester versus the previous semesters?
Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

none. They're always helpful

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

none

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied ☐ Poor ☐
2. Please provide some of the reasons why you gave OAS the above rating: they are doing a good jobs
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No ☐
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒ No ☐
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No ☐

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES_____ NO_____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes_____ No_____

15. If you do use A.T., please identify what it is:_____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied 4 Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. They were able to provide me the services I needed
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes _____ No ☒
4. If you did get referred for services, did you make use of the referrals? Yes _____ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____ No _____
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No ☒
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes ☒ No _____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied Satisfied
____ Poor ____
2. Please provide some of the reasons why you gave OAS the above rating. IT HAS HELPED ME DEAL COPE WITH MY
DISABILITIES TO ACCOMPLISH MY WORKS
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ____ No X
4. If you did get referred for services, did you make use of the referrals? Yes X No X
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. NEVER BOOTHERED, OR NEEDED
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ____
No ____ N/A
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ____ No X
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? N/A
9. Has OAS provided better services this semester versus the previous semesters?
Yes X No ____

10. Could you please share with OAS some reasons for the above answer?

N/A

11. What can OAS do to improve its services for students with disabilities? _____

N/A

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

I HAVE NO ISSUES WITH MY ACCOMMODATIONS

14. Do you use Assistive Technology (A.T.)? Yes _____ No X

15. If you do use A.T., please identify what it is: N/A

16. What A.T. do you need for future semesters here at GCC? N/A

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied ✓ Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. To show that the service is good

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ✓ No _____
4. If you did get referred for services, did you make use of the referrals? Yes ✓ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ✓ No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ✓ No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? Because I needed extra guidance
9. Has OAS provided better services this semester versus the previous semesters? Yes ✓ No _____

10. Could you please share with OAS some reasons for the above answer?

Nothing just needs to keep up with the service I have

11. What can OAS do to improve its services for students with disabilities? *Just be*

more supportive to the disabled

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

It's just that some teachers need to take people with special needs seriously

14. Do you use Assistive Technology (A.T.)? Yes ☒ No ☐

15. If you do use A.T., please identify what it is: *Just my phone and laptop*

16. What A.T. do you need for future semesters here at GCC? *Nothing as of*

now

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied X Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. Always find a way to help with whatever problem or issues I bring up. Always flexible in meeting with me to get assignments done.
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes _____ No X
4. If you did get referred for services, did you make use of the referrals? Yes X No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____ No X
really busy didn't have time
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No X
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes X No _____

10. Could you please share with OAS some reasons for the above answer?

different class time toward the evening, they always found the time to meet with me to get assignments or any issues taken care of.

11. What can OAS do to improve its services for students with disabilities? _____

Have more computer stations, to be able to complete assignments with more time frames.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes _____ No X _____

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied X Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. They are giving the assistance that I need

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes X No _____
4. If you did get referred for services, did you make use of the referrals? Yes X No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes X No _____
It help me understand even further
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES X No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? I've been out of school for so long and now at this time I need it to graduate
9. Has OAS provided better services this semester versus the previous semesters? Yes X No _____

10. Could you please share with OAS some reasons for the above answer?

I am understanding my math better

11. What can OAS do to improve its services for students with disabilities? Have more

rooms for even the ones without disabilities

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

No but my teacher now Mrs Pauline is such a wonderful assistant to my learning

and if it was possible I would like to praise her in her hard work

14. Do you use Assistive Technology (A.T.)? Yes X No

15. If you do use A.T., please identify what it is: Computer

16. What A.T. do you need for future semesters here at GCC? Project A11y

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied X Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. OAS has ensured that the issues I had in the classroom were addressed.

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes X No _____
4. If you did get referred for services, did you make use of the referrals? Yes X No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes X No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes X No _____

10. Could you please share with OAS some reasons for the above answer?

CONSISTENT, ORGANIZED WITH TEST SCHEDULING

11. What can OAS do to improve its services for students with disabilities? _____

I THINK THEY ARE DOING A GREAT JOB AS IS.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes X No _____

15. If you do use A.T., please identify what it is: CELLPHONE

16. What A.T. do you need for future semesters here at GCC? _____

OAS HAS WHAT I NEED

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. OAS helped me apply to this service to need assistance on my educational needs when I attended this semester
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No _____
4. If you did get referred for services, did you make use of the referrals? Yes ☒ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒
No _____
Because all the services accounted me to pass my quizzes in math
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? So, I can have accommodations regarding to my disability.
9. Has OAS provided better services this semester versus the previous semesters?
Yes ☒ No _____

10. Could you please share with OAS some reasons for the above answer?

I can be satisfied with my educational needs to succeed at school.

11. What can OAS do to improve its services for students with disabilities? Reach out
to students with disabilities to apply for OAS so they can have
accommodations for their needs to learn at school.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied X Satisfied _____ Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. PROVIDED ASSETANCE IN A TIMELY MANNER

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes _____ No X
4. If you did get referred for services, did you make use of the referrals? Yes _____ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____ No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES X No _____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? NOT SO MUCH NEEDED, BUT LIKE THE OPTION

9. Has OAS provided better services this semester versus the previous semesters? Yes X No _____

10. Could you please share with OAS some reasons for the above answer?

LESS WAITING TIME TO MEET

11. What can OAS do to improve its services for students with disabilities? _____

KEEP DOING WHAT YOU'RE DOING

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes _____ No X

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

NOT SURE

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING/SUMMER/FALL 2019 Semester? Very Good/Very Satisfied ☒ Satisfied
____ Poor ____

2. Please provide some of the reasons why you gave OAS the above rating. _____

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ____ No ☒

4. If you did get referred for services, did you make use of the referrals? Yes ____ No ____

5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ☒

No ____

Math may be hard or easy. I tried my best for math class.

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ____ No ____

8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____

9. Has OAS provided better services this semester versus the previous semesters?

Yes ____ No ____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? I wear
my hearing aid always.

12. Did faculty provide the accommodations that you were entitled to as stated in your
Accommodations letters? YES ~~YES~~ NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a
better job of providing you the accommodations that you were entitled to receive? Your
name will not be provided to these instructors. We are trying to work with these
instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes _____ No _____

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

**THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO
THE ABOVE!!**

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING / FALL 2019 Semester? Very Good ☐ Good ☒ Poor ☐ Very Poor ☐

2. Please provide some of the reasons why you gave OAS the above rating. Is can assist for my study and my life
can be easier.

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ☒ No ☐

4. If you did get referred for services, did you make use of the referrals? Yes ☐ No ☒

5. If you answered No to the above, can you please share the reason why you did not make use of the referral. I didn't take part of it, because
I didn't have time.

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you.

Did your grades get better? Yes ☐ No ☒

Couldn't completed in 2nd semester, because no transportation

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES ☒ No ☐

8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? To help me for my study

9. Has OAS provided better services this semester versus the previous semesters?

Yes ☐ No ☒

10. Could you please share with OAS some reasons for the above answer?

I don't have enough time. or not enough time.

11. What can OAS do to improve its services for students with disabilities? _____

Need to find anyone that I can understand with.

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☒ No ☐

15. If you do use A.T., please identify what it is: chair, computer, books

16. What A.T. do you need for future semesters here at GCC? Earing Aid

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied____ Satisfied____
Poor____
2. Please provide some of the reasons why you gave OAS the above rating. It was good in general, quiet, and comfortable

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes____ No____
4. If you did get referred for services, did you make use of the referrals? Yes____ No____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes____
No____
It allowed me to have more time
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES____ No____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes N/A No N/A

10. Could you please share with OAS some reasons for the above answer?

first semester

11. What can OAS do to improve its services for students with disabilities? Already

good

12. Did faculty provide the accommodations that you were entitled to as stated in your Accommodations letters? YES / NO

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes No /

15. If you do use A.T., please identify what it is:

16. What A.T. do you need for future semesters here at GCC? Something

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied____ Satisfied ✓ Poor____
2. Please provide some of the reasons why you gave OAS the above rating. I am not sure if the teachers changed their interaction with me or they would've treated me the same
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ✓ No____
4. If you did get referred for services, did you make use of the referrals? Yes ✓ No____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. N/A
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes____ No____
It helped for a specific homework
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES____ No____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters? Yes ✓ No____

10. Could you please share with OAS some reasons for the above answer?

They helped me become aware of available services.

11. What can OAS do to improve its services for students with disabilities? _____

None

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

None

14. Do you use Assistive Technology (A.T.)? Yes _____ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? None

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied____ Satisfied____
✓ Poor____
2. Please provide some of the reasons why you gave OAS the above rating. _____

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ✓ No _____
4. If you did get referred for services, did you make use of the referrals? Yes ✓ No _____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes ✓
No _____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No _____ N/A
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes _____ No ✓

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes _____ No _____

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied____ Satisfied0____ Poor____
2. Please provide some of the reasons why you gave OAS the above rating. TO let them know

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes ✓ No____
4. If you did get referred for services, did you make use of the referrals? Yes ✓ No____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes____ No____
It helped me with getting extra time.
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES____ No____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? TO help improve my skills & abilities
9. Has OAS provided better services this semester versus the previous semesters? Yes ✓ No____

10. Could you please share with OAS some reasons for the above answer?

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a

better job of providing you the accommodations that you were entitled to receive? Your

name will not be provided to these instructors. We are trying to work with these

instructors in improving how they deliver services and accommodations to our students.

Kathryn Maione

Difficulties understanding her teaching styles & more time

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

**THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO
THE ABOVE!!**

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING / SUMMER / FALL 2019 Semester? Very Good/Very Satisfied Satisfied
X Poor _____
2. Please provide some of the reasons why you gave OAS the above rating. This place helped me and guided me towards my education

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes X No _____
4. If you did get referred for services, did you make use of the referrals? Yes _____ No X
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. I didn't think that I needed them at the time

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes _____
No _____
N/A
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES _____ No _____ N/A
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? N/A
9. Has OAS provided better services this semester versus the previous semesters?
Yes X No _____

10. Could you please share with OAS some reasons for the above answer?

They were very helpful

11. What can OAS do to improve its services for students with disabilities? _____

~~N/A~~ Doing a wonderful job

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES X NO _____

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

N/A

14. Do you use Assistive Technology (A.T.)? Yes _____ No X

15. If you do use A.T., please identify what it is: N/A

16. What A.T. do you need for future semesters here at GCC? N/A

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER / FALL 2019 Semester? Very Good/Very Satisfied____ Satisfied____
✓ Poor____
2. Please provide some of the reasons why you gave OAS the above rating. They are very helpful, They can just get busy sometimes w/ only 2 faculty & alot of students
3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes✓ No____
4. If you did get referred for services, did you make use of the referrals? Yes____ No✓
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. Because the only class I was struggling in, my teacher was very helpful & I did not need one.
6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes____
No____

7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES____ No____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? _____
9. Has OAS provided better services this semester versus the previous semesters?
Yes____ No✓ but I didn't really need help registering this semester.

10. Could you please share with OAS some reasons for the above answer?

I wrote it next to No

11. What can OAS do to improve its services for students with disabilities? GCC

could hire more people for this

12. Did faculty provide the accommodations that you were entitled to as stated in your department, or transfer other people who are...

Accommodations letters? YES ✓ and NO ✓

people who
are
laxidagical

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

Dr. Anthony J. Sanga

14. Do you use Assistive Technology (A.T.)? Yes _____ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!

OFFICE of ACCOMMODATIVE SERVICES SURVEY

This survey is confidential. Do not write your name or Student ID Number

1. How would you rate your services from the Office of Accommodative Services for SPRING /SUMMER /FALL 2019 Semester? Very Good/Very Satisfied____ Satisfied____
/ Poor____
2. Please provide some of the reasons why you gave OAS the above rating. The accommodations aided me significantly

3. During the semester OAS made referrals for some students to receive tutoring and other services. Were you one of those students? Yes / No____
4. If you did get referred for services, did you make use of the referrals? Yes / No____
5. If you answered No to the above, can you please share the reason why you did not make use of the referral. _____

6. If you did make use of the referrals to receive tutoring or other services, please share with OAS how the experience worked out for you. Did your grades get better? Yes____
No /
I still failed the course despite tutoring proofreading my paper
7. If you did not receive a referral for services such as tutoring, would you have wanted a referral? YES / No____
8. If your answer to the above was "Yes", can you tell us why you believe you needed a referral? for additional help with assignments
9. Has OAS provided better services this semester versus the previous semesters?
Yes / No____

10. Could you please share with OAS some reasons for the above answer?

The accomidation forms were effective sooner

11. What can OAS do to improve its services for students with disabilities? _____

12. Did faculty provide the accommodations that you were entitled to as stated in your

Accommodations letters? YES ☒ NO ☐

13. Can you please provide OAS the names of the faculty that you believe should have done a better job of providing you the accommodations that you were entitled to receive? Your name will not be provided to these instructors. We are trying to work with these instructors in improving how they deliver services and accommodations to our students.

14. Do you use Assistive Technology (A.T.)? Yes ☐ No ☒

15. If you do use A.T., please identify what it is: _____

16. What A.T. do you need for future semesters here at GCC? _____

THANK YOU FOR TAKING THE TIME TO PROVIDING OAS WITH THE ANSWERS TO THE ABOVE!!