OFFICE of ACCOMMODATIVE SERVICES SURVEY

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

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 N	lo		
15. If you do use A.T., please identify what it is:			
16. What A.T. do you need for future semesters here at G	CC?		

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