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
	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
ſ	No
7.	If you did not receive a referral for services such as tutoring, would you have wanted a
ľ	referral? YES No
	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
better job of providing you the accommodations that you were entitled to receive? You
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.
L4. Do you use Assistive Technology (A.T.)? Yes No
L5. If you do use A.T., please identify what it is:
L6. 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!!