



Office of the President
EEO/ADA & TITLE IX OFFICE

May 9, 2016

Dear Student,

Attached is an ADA Support Services Evaluation Form to be completed by **Friday, May 29, 2016** and returned to the EEO/ADA & TITLE IX Office at Dorm 2, Iya Hami, Hall, Room 104. You may submit your responses via fax, email, or hand deliver to our office. If you need additional forms, you may do so by following the steps below to retrieve the form:

1. Go to www.uog.edu
2. Click on "Administration".
3. Click on "EEO/ADA & Title IX Office"
4. Click attachment "ADA Support Services Evaluation Form"
5. Enter responses and send via email to eeo-ada@triton.uog.edu

Please take the time to complete this form that would evaluate our support services for Spring 2016 and address areas of improvement as noted.

You are **not** required to identify yourself, but if you wish, you may do so voluntarily. Should you have any questions, please do not hesitate to call my office at 735-2244 or via email eeo-ada@triton.uog.edu.

Your participation is appreciated.

Sincerely,

David S. Okada, Interim
Institutional Compliance Officer

Attachment



ADA SUPPORT SERVICES EVALUATION FORM

SEMESTER: SPRING 2016

Accommodations were provided to you during the Spring 2016 semester and we are eager to know how well the accommodations have worked and what suggestions, if any, you can provide. Please take a few minutes to complete this questionnaire and return it to the **EEO/ADA & TITLE IX Office** by **Friday, May 29, 2016**.

1. Is this the first time that you are utilizing our ADA Support Services?

Yes ___ No ___

2. If your answer is "yes", how did you learn about the ADA Office and/or the support services available?

___ a. Student Orientation

___ b. Handouts/Flyers

___ c. Registration

___ d. Advisor/Counselor

___ e. UOG Catalogue

___ f. Advertisement/publication

___ g. Other: (specify) _____

3. What type of academic adjustment(s)/support services did you receive this semester?

___ Note taker

___ Seating in the front of class

___ Seating near exit

___ Extended time to complete in-class assignments

___ Extended time to complete exams/tests

___ Sign Language Interpreter

___ Modified furniture (separate desk and chair)

___ Digital Voice Recorder

___ Calculator (when appropriate)

___ Copy of class notes / lectures / power point presentations

___ Other: _____



4. How would you rate your service provider (i.e., note taker, interpreter etc...)?

___ poor ___ adequate ___ excellent

Comments:

5. Were you satisfied with the academic adjustments provided to you? If not, please explain why?

6. If you were not satisfied with your academic adjustment or service provider, did you notify anyone with your dissatisfaction. (If so, when?)



7. What assistive technology (if any) was provided to you?

8. What suggestions would you offer to improve the quality of the assistive device?

9. Did your Professor(s) provide the academic adjustments stated in your letter?

Yes No

10. Did you meet with your Professor(s) during the first week of the semester to discuss your academic adjustment(s)?

Yes No

11. Did you receive your academic adjustment(s) in a timely manner?

Yes No

12. Did you have problems with accessibility to any of the facilities at the University? If so, please indicate where and what suggestion would you offer to make it accessible?



13. Would you be requesting support services from our office the upcoming Summer or Fall 2016 semester? ___ Yes ___ No

If no, please explain why?

14. In what ways have accommodations provided to you made a difference in your college experience?

15. In what ways is college making a difference in your life?

16. What suggestions/recommendations can you offer to improve our services? Please be specific.
