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.

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