DS Post Appt Survey - Fall 2021

Start of Block: Intro

Q1.1 Thank you for visiting Disability Services. Please take a few moments to complete this brief survey and share your feedback about your experience. All responses are confidential and will only be reported in summary.

If you have any questions or need assistance completing the survey, please contact us at, dsinfo@colorado.edu.

End of Block: Intro

Start of Block: Modalities

Q2.1 What type of meeting **modality did you use**?

* In-person meeting
* Remote video meeting
* Remote phone call meeting

Q2.2 How satisfied are you with the **meeting modality**?

* Extremely dissatisfied
* Dissatisfied
* Somewhat dissatisfied
* Somewhat satisfied
* Satisfied
* Extremely satisfied

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Q2.3 What type of meeting modality do you **prefer**?

* In-person meeting
* Remote video meeting
* Remote phone call meeting

End of Block: Modalities

Start of Block: Meeting Experience

Q3.1 Please rate your level of **satisfaction** with your experience using Disability Services.

* Extremely dissatisfied
* Dissatisfied
* Somewhat dissatisfied
* Somewhat satisfied
* Satisfied
* Extremely satisfied

Display This Question:

If Please rate your level of satisfaction with your experience using Disability Services. = Extremely dissatisfied

Or Please rate your level of satisfaction with your experience using Disability Services. = Dissatisfied

Or Please rate your level of satisfaction with your experience using Disability Services. = Somewhat dissatisfied

Q3.2 What **suggestions** do you have for how we can improve your experience using Disability Services?

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Display This Question:

If Please rate your level of satisfaction with your experience using Disability Services. = Somewhat satisfied

Or Please rate your level of satisfaction with your experience using Disability Services. = Satisfied

Or Please rate your level of satisfaction with your experience using Disability Services. = Extremely satisfied

Q3.3 With what aspect(s) of your experience with Disability Services are you **most satisfied?**

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Q3.4 Were all of your questions and concerns addressed by your Access Coordinator?

* Yes
* No
* Not sure

End of Block: Meeting Experience

Start of Block: AC Follow Up

Q4.1 If you would like your Access Coordinator to follow up with you to discuss any additional questions or concerns you may have, please enter your name and email address below. If not, please leave blank.

When you are finished, please click the **Submit Survey** button below to record your responses.

* First and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CU Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: AC Follow Up