Disability Services Survey - Spring 2021

Start of Block: Introduction

Q1.1 We appreciate your participation in this survey intended to update Disability Services and the Digital Accessibility Office on the wellbeing and needs of students with disabilities. Your responses are confidential and will be summarized with other survey responses. We will use information collected through this survey to highlight what is going well so that the university can reinforce those elements, and to highlight areas of improvement that may otherwise go undetected so that the university can better address the specific needs of students with disabilities.

Directions:
This survey should take approximately 15 minutes to complete. Only answer questions that you are comfortable answering. At the end of the survey, you will have space to provide additional feedback on other access issues or concerns you have experienced during remote learning this year.

If you experience difficulties or need assistance completing this survey, please contact Disability Services at dsinfo@colorado.edu or 303-492-8671. If you have individual concerns specific to your experience (including requesting new accommodations, requiring assistance working with faculty, or other private issues) please contact your Access Coordinator directly.

Students who complete the survey in its entirety will have the opportunity to enter to win oneof four **$50 Amazon gift cards.**

Q1.2 Disclaimer CU Boulder has a responsibility to provide a safe and nondiscriminatory environment. If you disclose having been impacted by sexual misconduct, protected-class discrimination or harassment, intimate partner violence, stalking, or related retaliation, the Student Affairs Office of Assessment and Planning is required to share that information with the CU Office of Institutional Equity and Compliance (OIEC) for outreach regarding support and reporting options. You are not required to respond to OIEC. The following is a list of resources, including confidential assistance, if you are in need of support:  https://www.colorado.edu/oiec/support-resources/cu-boulder-resources.   If you have questions before you submit this type of information, you are encouraged to contact the confidential Office of Victim Assistance at (303) 492-8855.   Additionally, CU Boulder takes disclosures around threat of harm to self or others seriously and when information of this nature is received, it will be shared with the appropriate offices to offer additional support and resources.   **To begin, please select the "Start Survey" button.**

End of Block: Introduction

Start of Block: Campus Services

Q2.1 In this section, we would like to better understand your awareness, use, and experience with **campus resources and services.**

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Q2.2
Which of the following resources **positively influenced** your experience this academic year? (Select all that apply)

* Academic accommodations
* Academic coaching
* Academic advising
* Academic tutoring
* Library services
* Recreation Center
* Medical Services (Wardenburg)
* Counseling and Psychiatric Services (CAPS)
* Writing Center
* Access Coordinator in Disability Services
* International Students and Scholar Services (ISSS)
* Student Support and Case Management (SSCM)
* Office of Victim Assistance (OVA)
* Housing Accommodations
* Other (text entry): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗*None of these resources positively influenced my experience this year*

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Q2.3
During this academic year, are there any resources that you wanted to use but had **difficulty accessing**? (Select all that apply)

* Academic accommodations
* Academic coaching
* Academic advising
* Academic tutoring
* Library services
* Recreation Center
* Medical Services (Wardenburg)
* Counseling & Psychiatric Services (CAPS)
* Writing Center
* Access Coordinator in Disability Services
* International Students and Scholar Services (ISSS)
* Student Support and Case Management (SSCM)
* Office of Victim Assistance (OVA)
* Housing Accommodations
* Other (please list resource): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗*I did not have difficulty accessing these resources.*

Display This Question:

If If During this academic year, are there any resources that you wanted to use but had difficulty accessing? (Select all that apply) q://QID3/SelectedChoicesCount Is Greater Than or Equal to 1

And During this academic year, are there any resources that you wanted to use but had difficulty acce... != <em>I did not have difficulty accessing these resources.</em>

Q2.4 Please explain any difficulty or barriers you encountered in accessing these services.

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End of Block: Campus Services

Start of Block: Faculty & Accommodations

Q3.1 In this section, we would like to better understand your experience **requesting and receiving accommodations** this academic year.

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Q3.2 Please rate your level of confidence in your ability to **submit a semester request at the start of each semester**.

* 1=Not at all confident
* 2=Slightly confident
* 3=Somewhat confident
* 4=Moderately confident
* 5=Very confident
* Not applicable to me

Q3.3 Please rate your level of confidence in your ability to **request additional "supplemental" accommodations within the Accommodate Portal.**

* 1=Not at all confident
* 2=Slightly confident
* 3=Somewhat confident
* 4=Moderately confident
* 5=Very confident
* Not applicable to me

Q3.4 Please rate your level of confidence in your ability to **upload supporting documentation to the Accommodation Portal.**

* 1=Not at all confident
* 2=Slightly confident
* 3=Somewhat confident
* 4=Moderately confident
* 5=Very confident
* Not applicable to me

Q3.5 Please rate your level of confidence in your ability to **know what to do after you submit a semester request.**

* 1=Not at all confident
* 2=Slightly confident
* 3=Somewhat confident
* 4=Moderately confident
* 5=Very confident
* Not applicable to me

Q3.6 Please rate your level of confidence in your ability to **follow up with your instructor to discuss a plan for implementing your accommodations.**

* 1=Not at all confident
* 2=Slightly confident
* 3=Somewhat confident
* 4=Moderately confident
* 5=Very confident
* Not applicable to me

Q3.7 Please rate your level of confidence in your ability to **self-advocate for your disability-related needs.**

* 1=Not at all confident
* 2=Slightly confident
* 3=Somewhat confident
* 4=Moderately confident
* 5=Very confident
* Not applicable to me

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Q3.8 Have you encountered any **barriers** implementing your accommodations this year.

* Yes
* No

Display This Question:

If Have you encountered any barriers implementing your accommodations this year. = Yes

Q3.9 What barriers did you encounter? (Select all that apply)

* Faculty were unresponsive
* Faculty did not have office hours during my availability
* I was uncomfortable speaking with my faculty about accommodations
* Accommodations were provided inconsistently
* Accommodations were not provided in time
* Utilizing the Accommodate portal
* Self-advocating for my disability-related needs
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Faculty & Accommodations

Start of Block: DS Processes

Q4.1 In this section, we would like to better understand your experience with **Disability Services' processes** including registering, receiving accommodations, and other processes.

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Q4.2 How often did you reach out to your **Access Coordinator** over the past academic year?

* Never
* Once or twice
* A handful of times
* Once a month or more

Skip To: Q4.12 If How often did you reach out to your Access Coordinator over the past academic year?  = Never

Q4.3 Why did you reach out to your Access Coordinator? (Select all that apply)

* Needed to make a change to my accommodations
* Concerns or difficulties with implementation of accommodations
* Concerns or difficulties with remote learning
* Concerns or difficulties with the Accommodate Portal
* Concerns or difficulties communicating with faculty
* For referral to other campus resources
* Opportunities to connect with other students with disabilities
* Other (text entry): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q4.4 Please read each of the statements below and indicate the extent to which you agree or disagree with each statement.

Q4.5 The wait time for a meeting with an Access Coordinator was acceptable.

* 1=Strongly disagree
* 2=Disagree
* 3=Somewhat disagree
* 4=Somewhat agree
* 5=Agree
* 6=Strongly agree
* Not applicable to me.

Q4.6 The process of requesting accommodations was clear and easy to follow.

* 1=Strongly disagree
* 2=Disagree
* 3=Somewhat disagree
* 4=Somewhat agree
* 5=Agree
* 6=Strongly agree
* Not applicable to me.

Q4.7 It was easy to navigate and find the information needed on the Disability Services website.

* 1=Strongly disagree
* 2=Disagree
* 3=Somewhat disagree
* 4=Somewhat agree
* 5=Agree
* 6=Strongly agree
* Not applicable to me.

Q4.8 I felt heard during the accommodation request process.

* 1=Strongly disagree
* 2=Disagree
* 3=Somewhat disagree
* 4=Somewhat agree
* 5=Agree
* 6=Strongly agree
* Not applicable to me.

Q4.9 My Access Coordinator was responsive to my communication.

* 1=Strongly disagree
* 2=Disagree
* 3=Somewhat disagree
* 4=Somewhat agree
* 5=Agree
* 6=Strongly agree
* Not applicable to me.

Q4.10 I understood the decisions made about my accommodations.

* 1=Strongly disagree
* 2=Disagree
* 3=Somewhat disagree
* 4=Somewhat agree
* 5=Agree
* 6=Strongly agree
* Not applicable to me.

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Q4.11 How long did it take for you to meet with your Access Coordinator from your initial outreach?

* Same week
* 1 week out
* 2 weeks out
* 3+ weeks out

Display This Question:

If How often did you reach out to your Access Coordinator over the past academic year?  = Never

Q4.12 What was the **primary reason** you did not reach out to your Access Coordinator?

* I did not need assistance from my Access Coordinator
* I did not know who my Access Coordinator was
* I did not think I would get a response from my Access Coordinator
* I did not think my Access Coordinator would be helpful
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: DS Processes

Start of Block: Technology Access

Q5.1 In this section, we would like to better understand your **technology and software** access and use this academic year.

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Q5.2 Have you had **reliable access** to all of the **assistive technology** you’ve needed for your classes over the past academic year?

* Yes
* No
* Not sure
* I do not use assistive technology

Skip To: Q5.5 If Have you had reliable access to all of the assistive technology you’ve needed for your classes ov... = Yes

Display This Question:

If Have you had reliable access to all of the assistive technology you’ve needed for your classes ov... = No

Q5.3 Which **assistive technology** were you **unable to access reliably** for your classes? (Select all that apply)

* Kurzweil or other text-to-speech tools
* Dragon NaturallySpeaking or other speech-to-text tools
* Screen reader
* Screen magnifier
* Sonocent
* FM system
* Other assistive technology (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Have you had reliable access to all of the assistive technology you’ve needed for your classes ov... = No

Q5.4 Please explain the **strategies** you used to access and complete your courses without reliable access to the assistive technology you indicated above.

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Q5.5 What, if any, **other types of technology or software** were you expected to use outside of Zoom and Canvas? *Note: If you did not use any other technology, please leave this question blank.*

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Q5.6 What impact did using that other technology have on your learning experience?

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End of Block: Technology Access

Start of Block: Remote Learning

Q6.1 In this section, we would like to better understand your experiences with **remote learning** this academic year.

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Q6.2 Please rate your **overall experience** with remote learning during this academic year.

* 1=Poor
* 2=Fair
* 3=Good
* 4=Very Good
* 5=Excellent

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Q6.3 What **negative experiences**, if any, did you have with remote learning during this academic year? (Select all that apply)

* Not compatible with my learning style
* Increased the impact of my disability
* Unable to focus in remote setting
* Classes were too long in the remote setting
* Lack of resources for learning new technology being used in remote learning
* Instructional methods were inaccessible
* Lack of private or quiet place to attend classes or take exams
* Lack of access to on-campus resources
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗*I did not have any negative experiences*

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Q6.4 What **positive experiences**, if any, did you have with remote learning over the past academic year? (Select all that apply)

* Fits well with my learning style
* Decreased the impact of my disability
* Found it easier to focus in remote setting
* Liked being able to watch recordings of lectures on my own time
* Decreased issues with getting to class physically
* New technology improved classroom experience
* Instructional methods were better or worked better with your disability
* Better access to remote-campus resources
* Other (text entry): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗*I did not like anything about remote learning*

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Q6.5 What is your preference for taking **in person courses** (class meets in person, typically on campus, synchronously at scheduled dates and times)?

* 1=Strongly oppose
* 2=Somewhat oppose
* 3=Neutral/No preference
* 4=Somewhat prefer
* 5=Strongly prefer

Q6.6 What is your preference for taking **online courses** (class is taught online with no scheduled class meetings; students can complete coursework asynchronously throughout the week whenever it's convenient)?

* 1=Strongly oppose
* 2=Somewhat oppose
* 3=Neutral/No preference
* 4=Somewhat prefer
* 5=Strongly prefer

Q6.7 What is your preference for taking **remote courses** (class meets synchronously over Zoom, Classroom Capture, or Canvas at scheduled dates and times)?

* 1=Strongly oppose
* 2=Somewhat oppose
* 3=Neutral/No preference
* 4=Somewhat prefer
* 5=Strongly prefer

Q6.8 What is your preference for taking **hybrid in-person courses** (a combination of in-person instruction with periods of online and/or remote learning)?

* 1=Strongly oppose
* 2=Somewhat oppose
* 3=Neutral/No preference
* 4=Somewhat prefer
* 5=Strongly prefer

Q6.9 What is your preference for taking **independent study courses** student completes research or instruction under the guidance of a faculty mentor or advisor)?

* 1=Strongly oppose
* 2=Somewhat oppose
* 3=Neutral/No preference
* 4=Somewhat prefer
* 5=Strongly prefer

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Q6.10 If you have **academic accommodations**, were they **sufficient** to meet your disability-related needs during remote learning?

* Yes
* No (please explain why): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unsure
* *I do not have any academic accommodations*

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Q6.11 Please share **how remote learning has impacted** your disability experience this academic year, if at all.

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End of Block: Remote Learning

Start of Block: DS Support Section

Q7.1 In this last section, we would like to collect any additional questions, concerns, or suggestions you have for Disabilities Services.

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Q7.2 Do you have any **suggestions** as to what Disability Services could do to improve your campus experience?

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Q7.3 What **questions or concerns** still remain for you as the University moves toward the Fall 2022 semester?

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End of Block: DS Support Section

Start of Block: Student Info

Q8.1 **Demographic Information**
Demographic questions include personal and perhaps sensitive information. This information will be used to help us understand how students' experiences and survey responses may have varied by members of different groups. **Responses are optional and confidential.**

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Q8.2 How do you describe your race/ethnicity? (Select all that apply)

* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic, Latina/o/x, or Spanish Origin
* Middle Eastern or North African
* Native Hawaiian or Other Pacific Islander
* White
* Another race/ethnicity not listed above (text entry): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗*Prefer not to answer*

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Q8.3 Do you consider English to be your first language or native language?

* Yes, English is my first/native language
* No, my first/native language is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* *Prefer not to answer*

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Q8.4 How do you describe your current gender identity? Please select all that apply.

* Cisgender
* Transgender
* Man
* Nonbinary (includes Agender, Bigender, Genderfluid, Genderqueer, Gender non-confirming)
* Questioning or unsure
* Woman
* Another gender identity not listed above (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗*Prefer not to answer*

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Q8.5 How do you describe your sexual orientation? Please select all that apply.

* Asexual
* Bisexual
* Gay
* Heterosexual/Straight
* Lesbian
* Pansexual
* Queer
* Questioning or unsure
* Another sexual orientation not listed above (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ⊗*Prefer not to answer*

End of Block: Student Info

Start of Block: Thank you & Incentive

Q9.1 Thank you for taking the time to respond to this survey.

If you would like to be entered into the drawing for one of four **$50 Amazon Gift Cards,** please complete the contact information fields below. *This information will be separated from your other survey responses.*

When you are ready, please select the **"Submit Survey"** button to record your responses.

Q9.2 Contact Information for Gift Card Drawing

* First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* @Colorado.edu Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Thank you & Incentive