

Gavilan College EOPS and CARE Program Satisfaction Survey

Please tell us how we are meeting your needs & how we can better serve you. The information you provide us is confidential. Please do not write your name on the survey.

Based on your overall experience, please rate your satisfaction with the following services:

Please mark one response	Excellent	Good	Average	Below Average	Unacceptable
1. EOPS Office...					
a.) Staff is courteous, helpful, and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) Staff is knowledgeable and clearly explains the EOPS services available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Book Service Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Workshop Series					
4. Priority Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tutorial Services (if applicable)					
a.) Tutors are competent, punctual, and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) Tutors encouraged me to increase my comprehension and thinking abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) I would rate Tutorial Services...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. CARE Services					
a.) Meal Cards					
b.) Gas Cards or Bus Passes					
c.) Childcare Grants					

Based on your overall EOPS/ CARE experience, use the rating scale to indicate how you feel about the following (mark one response):

EOPS Counselors...	Excellent	Good	Average	Below Average	Unacceptable
6. Are knowledgeable & provided accurate information (Associate degree, certificate, transfer, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provided an Education Plan, TAA's, fee waivers, AA/AS degree, transfer & general education information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Provided extra services to reach my educational goals (tutorials, scholarship information, campus tours).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Returned e-mails and phone calls in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were available when needed. (scheduling and drop-in hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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You are strongly encouraged to give us your comments and suggestions

14. What services or areas of the EOPS or CARE programs do you feel needs improvement?

15. What services or areas are you most satisfied within the EOPS and CARE programs?

16. What service or services would you like to see the EOPS and CARE programs offer in the future?

17. Please tell us any additional information that you would like us to know.