

APPENDIX C – SECTION II

Student Evaluation Disability Specialist

Los Angeles Community College District

College	Disability Specialist	Term / Year
<input type="radio"/> City <input type="radio"/> Southwest <input type="radio"/> East <input type="radio"/> Trade Tech <input type="radio"/> Harbor <input type="radio"/> Valley <input type="radio"/> Mission <input type="radio"/> West <input type="radio"/> Pierce		

- | | |
|---------------------|--|
| INSTRUCTIONS | <ul style="list-style-type: none"> The Disability Specialist must leave the room for the duration of the survey. Students should mark out only one answer per question by completely filling out the appropriate circle. Erase completely any answer changes and stray marks; the other side is for written comments. |
|---------------------|--|

Part A – Overall Rating of Child Development Center Instructor

How would you rate the Disability Specialist's overall teaching ability?

Excellent	Good	Fair	Poor	Very Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part B – Disability Specialist General Questions

1. I felt comfortable with the Disability Specialist.
2. The Disability Specialist was helpful with identifying practical strategies regarding my disability related limitations.
3. The Disability Specialist was clear about my options and suggested ways to get additional information, if needed.
4. The Disability Specialist was helpful in connecting me with resources on campus that may be helpful to me.
5. The Disability Specialist helped me see what my academic strengths & weaknesses are.
6. The Disability Specialist was patient & listened actively to my struggles and needs.
7. The Disability Specialist was clear and concise regarding services available to me in the Student Services Division.

Strongly Agree	Agree	Disagree	Strongly Disagree	Do not know / N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8. The Disability Specialist was available to assist me at convenient times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The Disability Specialist kept their appointment with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I felt the Disability Specialist would keep personal matters confidential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would see the Disability Specialist again and recommend them to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part C – Additional Questions
(added by the department for all departmental evaluations)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Do not know / N/A
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part D – Communication to the Instructor

Use the space below for written comments: