

# El Camino College Compton Center Admissions & Records Office Student Customer Service Survey

Your opinion is important to us as we continually strive to improve our services. Please take a moment to complete the following information. Your responses will remain confidential.

Correct ●●●	Fill in the Bubbles Completely	Incorrect ⊗ ⊙ ⊕
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1. How often did you visit the Admissions & Records Office this academic year?

- 1 - 2 times a semester     3 - 4 times a semester     5 or more times a semester     None

What was the reason(s) for your visit(s)?

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2. Do our hours of operation meet your needs

- Yes     No

If not, what hours would you recommend?

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3. What services does the Admissions and Records Office provide? (Check all that apply)

- Register for classes     Resolve residency issues     Transcript requests     Student Petitions  
 Pay Fees     Add/Drop Classes     Resolve MyECC problems

4. Do you think the Admissions and Records Office should provide additional services?

- Yes     No

If yes, what additional services?

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5. Which of the following petitions have you submitted to the Admissions and Records Office?  
(Check all that apply)

- Grade Change Petition     Residency Petition     Course Credit Repeat Petition  
 General Petition     AB-540 Petition     None above  
 Overload Petition     Pre-requisite/Co-requisite  
Challenge Petition

6. Which of the following forms have you submitted to the Admissions and Records Office?  
(Check all that apply)

- Name Change     Course substitution     Duplicate Student  
Identification Numbers  
 Address Change     Change of Major  
 Social Security Number Change     Add/Drop form     None above  
 Location Code Change     High School Concurrent  
Enrollment Application

7. Which of the following requests have you submitted to the Admissions and Records Office?  
(Check all that apply)

- Unofficial Transcript Request     Verification of enrollment  
 Official Transcript Request     None of the above

(continue on back)

Please rate the Admissions and Records Office in the followings areas:

	Excellent	Good	Fair	Poor	
8. Knowledge & helpfulness of the Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	■
9. Procedures clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	■
10. Timeliness of response to your request (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	■
11. Professionalism of Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	■
12. Overall Customer Service Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	■

13. How could we improve our services to meet your needs?

14. Additional Comments, Concerns or Suggestions



# Assessment Center Survey



**El Camino College**  
**Compton Center**

Correct



**Fill in the Bubbles Completely**

Incorrect



Student ID #

Gender:    Male    Female    Other or choose not to answer

How did you complete the New Student Orientation?

Online    In Person

What is your educational goal at El Camino College Compton Center?

- Transfer to a university or earn a degree
- Earn a two-year degree only
- Complete a vocational program
- I'm only taking a class or two

Did the Orientation help you prepare for the test?

Yes    No

Did you review any study materials before testing?

Yes    No

If yes, what kind of study materials did you use?

- Study link on the back of Assessment Center schedule
- YouTube videos
- Student Success Center tutors
- Other: \_\_\_\_\_

# Athletic Department Survey

Please share your opinions about the Athletic Department at El Camino College Compton Center. Results from this survey will help us understand your needs and make improvements in the future. This survey is completely anonymous.

Please use a #2 pencil or blue/black ink pen and fill in the bubble completely.

- A. Your status at Compton Center
- Student-athlete
  - Coach
  - Other

B. Please indicate your level of agreement with the following statements about the Athletic Department.

	Definitely Agree	Somewhat Agree	Neutral No opinion	Somewhat Disagree	Definitely Disagree	Not Applicable
1. The Athletic Training Facility is clean.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Equipment is adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Practicing and training hours are convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Wait time for services is minimal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Atmosphere is welcoming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My injury was evaluated and treated effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I have experienced good communication with certified staff members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Athletic training services provided are helpful in injury recovery and return to play.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Student-Athletes are treated respectfully and courteously.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I can count on being treated the same by the certified coaches and staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Overall, I am satisfied with the athletic department services and staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## C. COMMENTS.

If you have additional comments or suggestions about the Athletic Department, please share them in the box below.

**Thank you for taking the time to complete the survey!**

# El Camino College Compton Center CalWORKs Survey

We would like your opinion about the quality of the student services we provide. Your responses will remain confidential and will not affect your standing at the Center. Please rate the following services based on your experiences with this office. If you have not yet had the opportunity to use some of the services, please indicate "not applicable" when you come to that part of the survey. We will use your feedback in our ongoing efforts to improve our services to students.

**Please mark ONLY one response for each question by filling in the bubble completely.**

Term       Fall       Spring      Year \_\_\_\_\_

	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>NA</b>
1. Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Office facilities (appearance, comfort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Timelines of response to your request(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Procedures clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Quality of materials received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge & Helpfulness of Front Desk Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Helpfulness & Knowledge of Counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge & Helpfulness of Case Advisers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpfulness & Knowledge of Student Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Confidentiality of private information maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Overall quality of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate the extent to which you agree with the following statements about the CalWORKs Office:**

12. When talking to staff at the CalWORKs Office I feel I have enough privacy to discuss my concerns.

Strongly Agree       Agree       Disagree       Strongly Disagree       Not Applicable

13. I would be very likely to use the CalWORKs Office during evening hours (after 5:00 pm).

Strongly Agree       Agree       Disagree       Strongly Disagree       Not Applicable

14. I received or was referred for academic counseling to explore my career interests, develop an educational plan and plan the best program of study at the El Camino College Compton Center.

Strongly Agree       Agree       Disagree       Strongly Disagree       Not Applicable

15. How did you hear about CalWORKs? (pick one)

Newspaper       Library       CEC Office (which one): \_\_\_\_\_  
 Radio       Brochure       Other: \_\_\_\_\_  
 Internet       Orientation  
 Cable       Recruiter

16. How often do you check your e-mail?

Daily/Always       Monthly/Not often  
 Weekly/Bi-weekly       Never

**Please continue on back.**

17. Comments/Suggestions/Concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# CalWORKs/SRC Withdrawal Process Questionnaire

We would like to hear your thoughts about this counseling session so that we can continue to improve our services in the future. Your input is very valuable!

This survey is anonymous. You may use pen (blue or black) or pencil.

**Please rate the following topics of the counseling session to help us understand how helpful this was to you in understanding the withdrawal process.**

	Very Helpful	Somewhat Helpful	Somewhat Unhelpful	Very Unhelpful	No opinion or N/A
1. Deadline to withdraw "Without Notation on Permanent Record"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Deadline to drop a course with a "W" on Permanent Record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Effects on academic progress which may impact eligibility for student support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Academic resources available on campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate your level of agreement with the following statements:**

*By participating in this program...*

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No opinion or N/A
1. I understand to meet with my instructor to verify course standing before I make the decision to withdraw from a course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I understand to meet with a counselor before I withdraw from a course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I understand the academic effects when I accumulate too many "W" on my transcripts (e.g., Probation level 1, 2, and Dismissal, registration hold, and Student Enhancement Workshop attendance).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have a better sense of how to manage my time and assess my ability to succeed in a given course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel motivated to manage my academic performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have anything else you would like to share?





## Career Center Workshop Survey

Please answer the following questions regarding your experiences with the workshop provided by the Career Center.

**Title of Workshop:** \_\_\_\_\_

- |   | Strongly Agree        | Agree                 | Disagree              | Strongly Disagree     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. This workshop increased my understanding of the topic.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The material covered in the workshop was interesting.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The length of the workshop was sufficient for understanding the topic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I had the opportunity to ask questions.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments regarding the workshop:

# Compton Transfer Center Activity Survey

Please answer the following questions regarding your participation in this Transfer Center activity.

Use a #2 pencil and fill in the bubble completely.

1. After participating in this Transfer Center activity, I am aware of more transfer university options for myself.

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. After participating in this Transfer Center activity, I have a better understanding of the transfer admission requirements.

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. After participating in this Transfer Center activity, I am more motivated to transfer to a four year university.

<b>Strongly Agree</b>	<b>Agree</b>	<b>Undecided</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Which event did you attend today?

- University Tour
- Transfer Workshop
- Classroom Presentation
- Transfer Counseling
- HD 20 class

**Thank you!**

# El Camino College Compton Center - Counseling Department Service Area Outcome Survey

Fill in the bubble completely with a #2 pencil. DO NOT use a felt tip marker of any kind.

1. Please indicate your ethnicity (optional)

- American Indian or other Native American
- Asian, Asian American, or Pacific Islander
- Native Hawaiian
- Black or African American, Non-Hispanic
- White, Non-Hispanic
- Hispanic, Latino

2. Please indicate your gender (optional)

- Female
- Male

3. Please indicate how many college units you have completed.

- 0
- 1-30
- 31-60
- 60+

4. Have you attended any other colleges or universities before?

- Yes
- No

5. Is this your first semester in college?

- Yes
- No

6. Please indicate your current English level:

- English 80
- English 82
- English 84
- English B
- English A
- English 1A or higher
- ESL 52A
- ESL 52B
- ESL 52C
- ESL 53A
- ESL 53B
- ESL 53C
- I have not taken the assessment test

7. Please indicate your current Math level:

- Math 12
- Math 37
- Math 23
- Math 33
- Math 43
- Math 40
- Math 67
- Math 73 or 80
- College level math
- I have not taken the assessment test

8. Based on your counseling appointment today, are you more aware of services and/or resources offered to you on campus?

- Yes
- No

9. Have you ever used any campus services and/or resources before?

- Yes
- No

10. Based on your counseling appointment today, are you planning to use one or more of these services this semester or in the future?

- Yes
- No

11. If yes, which services are you planning on using (please mark all that apply):

- Admissions
- Assessment/Testing
- Career Center
- Child Development Center
- EOPS/CARE/CalWORKS
- Financial Aid
- First Year Experience
- Health Center
- Honors Transfer Program
- Library
- Math Study Center
- MESA Program
- Orientation/SEP Workshop/Matriculation
- Project Success
- Puente
- Reading Success Center
- Scholarship Office
- Special Resource Center (SRC)
- Student Athlete Independent Learning (SAIL)
- Student Activities/Clubs & Organizations
- Supplemental Instructions (SI)
- Transfer Center
- Tutoring/Learning Resource Center
- Veterans Office
- Women in Industry & Technology (WIT)
- Writing Center & Computer Lab



## **Counseling Department Customer Service Survey**

Your feedback is valued and allows us to measure our success and areas of improvement in daily service delivery. Please take a moment to assess our services by completing the survey below.

Term:  Fall  Spring Year: \_\_\_\_\_

1. For your counseling session, did you walk-in or have an appointment?

- Walk-in  Had an appointment

2. Are you a new, returning, or continuing student?

- New student  Returning student (missed a semester)  Continuing student

3. How long was your wait to receive services?

- 0-30 minutes  
 31-60 minutes  
 61-90 minutes  
 Over 90 minutes

### **Please rate the Counseling Department on the following items.**

4. Hours of operation are Monday-Thursday 8:00AM-6:30PM, Friday 8:00AM-12:00PM.

- Excellent  
 Good  
 Average  
 Poor

5. Overall, I would rate the quality of my customer service experience today as:

- Excellent  
 Good  
 Average  
 Poor

6. The procedures for meeting with a Counselor and receiving counseling services were clear and easy to follow.

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

7. The front desk staff was helpful and knowledgeable in answering my questions.

- Strongly Agree  
 Agree  
 Disagree  
 Strongly Disagree

8. If available, I would be very likely to use the Online Counseling Services.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



9. If available, I would be very likely to make my appointment online.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



**Please indicate the extent to which you agree with the following statements about your Counseling Session.**

10. When talking to a counselor, I feel I have enough privacy to discuss my concerns.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



11. The Counselor was helpful and knowledgeable.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



12. I feel that I had enough time for my counseling session.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



13. Do you feel that you have a better understanding of your educational goals after meeting with a Counselor?

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree



14. What suggestions do you have for improving services within this Department?



## Counseling Customer Service Survey

Please rate the Counseling Department on the following items

	Excellent	Good	Fair	Poor	NA
1. Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Office facilities (appearance, comfort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Time of response to your request(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Procedures clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Quality of materials received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge & helpfulness of front desk staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Helpfulness & knowledge of counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Confidentiality of private information maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall quality of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the extent to which you agree with the following statements about the Counseling Department:

10. When talking to a counselor at the Compton Center, I feel I have enough privacy to discuss my concerns.
- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable
11. I would be very likely to use the Counseling Services in the evening hours (after 5:00 pm).
- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable
12. If available, I would be very likely to use the Online Counseling Services.
- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable
13. Did the amount of time given for your counseling appointment (30 minutes) give you enough time to receive proper counseling?
- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable
14. How much time would you prefer for a counseling appointment?
- 15 minutes     30 minutes     45 minutes     1 hour
15. How often do you check your e-mail?
- Daily     Weekly     Monthly     Never     Other



**Name of Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please rate the performance of the counselor you have just seen by bubbling your choice. Please place the completed form in the evaluation box located in a designated area of your Department.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
— This counselor listened to me attentively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— This counselor treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— This counselor assisted me in the decision making process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— This counselor explained and assisted me in completing my Student Educational Plan (SEP) leading to my goal(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— This counselor explained my assessment (test) results or other measures such as previous courses completed for course placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— This counselor explained the requirements for my certificate, degree, and/or transfer goal(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
— This counselor provided me with additional information on the resources available on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall rating of this counselor

- Excellent       Good       Average       Below average       Poor

How many times have you seen a counselor at El Camino College Compton Center this year?

- Once       Twice       Three times       Four or more times

How many times have you seen this (same) counselor before?

- Once       Twice       Three times       Four or more times

Mark the reason(s) for your visit today.

- Personal Counseling       Degree Requirements       Academic/Progress Probation  
 —  Transfer Information       Student Educational Plan       General Education Certification  
 —  Certificate Requirements       Career Planning       AA-T/AS-T Preliminary Evaluation  
 —  Graduation Petition       Financial Aid Counseling       Other \_\_\_\_\_

What did you find helpful about this counseling service?


What else could we do to better serve you?




## EOPS/CARE Office Services Survey

We would like your opinion about the quality of the student services we provide. Your responses will remain confidential and will not affect your standing at the Center. Please rate the following services based on your experiences with this office. If you have not yet had the opportunity to use some of the services, please indicate "not applicable" when you come to that part of the survey. We will use your feedback in our ongoing efforts to improve our services to students.

**Please mark ONLY one response for each question by filling in the bubble completely.**

Term:     Fall     Spring     Summer

Student Status:     New     Continuing

Academic Year: \_\_\_\_\_

### 1. What was the reason for your visit today? (Check all that apply)

- General information
- Apply for program
- Problem resolution
- Inquire about the status of your application
- Other \_\_\_\_\_

### 2. Who provided service(s) for you? (Check all that apply)

- Front desk staff
- Coordinator
- Counselor
- Director
- Student worker
- Other \_\_\_\_\_

**Please indicate the extent to which you agree with the following statements about the EOPS/CARE Office.**

Please complete this section if your visit with us **involved the front desk staff.**

### 3. Front desk staff was available in a timely manner

- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

### 4. The front desk staff was courteous and helpful

- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

### 5. I feel I have enough privacy to discuss my concerns

- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

Please complete this section if your visit with us **involved applying for services.**

### 6. The application instructions were easy to understand

- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

### 7. The procedure to apply was easy to understand

- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

### 8. I would be very likely to use the EOPS/CARE Office during evening hours (after 5:00 pm)

- Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable



Please complete this section if your visit with us **involved counseling.**

9. A counselor was available in a timely manner

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

10. The counselor was courteous and helpful

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

11. The counseling services provided helped me in meeting my academic goals at ECC Compton Center.

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

12. When talking to the counselor I feel I have enough privacy to discuss my concerns

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

Please mark **ONLY** one response for each question by filling in the bubble completely.  
Thank you for your feedback.

Overall, how would you rate the following services?

	Excellent	Good	Fair	Poor	NA
13. Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Office facilities (appearance, comfort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Timelines of response to your request(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Procedures clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Overall quality of customer service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How did you hear about EOPS/CARE? (pick one)

- Radio    Library    Brochure  
 Cable    Recruiter    Other: \_\_\_\_\_  
 Orientation    Internet    Compton Center Office (Which one) \_\_\_\_\_

19. How often do you check your e-mail?

- Daily    Weekly    Monthly    Never

20. What did you like best about your visit today? \_\_\_\_\_

21. If you feel we fell short in meeting your expectations, how could we improve our services?  
\_\_\_\_\_  
\_\_\_\_\_

22. Is there a staff person you would like to commend? \_\_\_\_\_  
\_\_\_\_\_



## Responsibility Requirement Questionnaire (Post)

Answer the following questions by making one selection.

Semester Completing Orientation:     Fall                       Spring

Identify Student Status:     New                       Continuing

1. An EOPS/CARE student must see a counselor \_\_\_\_\_ per semester?

0 times                       1 time                       3 times

2. You must maintain academic progress towards a certificate, associate degree or transfer goal.

True                       False

3. An EOPS/CARE student must complete an EOPS/CARE Book Voucher application (by designated deadline) \_\_\_\_\_.

Once a year                       Every semester/session     Twice a semester

4. How long can a student participate in the EOPS/CARE program?

A student may participate until he/she graduates.

A student can only participate for 2 years.

A student may participate in the EOPS/CARE program until they have accumulated 70 degree applicable units.

5. In order for a student to maintain eligibility for the EOPS/CARE program a student must adhere to his/her Education Plan and Mutual EOPS/CARE Responsibility Contract.

True                       False





### Financial Aid Office Survey

We would like your opinion about the quality of the student services we provide. Your responses will remain confidential and will not affect your standing at the Center. Please rate the following services based on your experiences with the Financial Aid Office. If you have not yet had the opportunity to use some of the services, please indicate "NA" when you come to that part of the survey. We will use your feedback in our ongoing efforts to improve our services to students.

**Please mark ONLY one response for each question by filling in the bubble completely.**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>NA</b>
1. Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Office facilities (appearance, comfort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Time of response to your request(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Procedures clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Quality of materials received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge & Helpfulness of Financial Aid Lab Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Knowledge & Helpfulness of Financial Aid Advisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Confidentiality of private information maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall quality of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate the extent to which you agree with these statements about the Financial Aid Office:**

10. When talking to a Financial Aid staff at the Compton Center, I feel I have enough privacy to discuss my concerns.  
 Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

11. I would be very likely to use the Financial Aid Office Services in the evening hours (after 5:00 pm).  
 Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

12. If available, I would be very likely to use the Online Financial Aid Office services.  
 Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

13. How often do you check your e-mail?  
 Daily/Always     Weekly/Bi-weekly     Monthly/Not often     Never

14. Comments/Suggestions/Concerns \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ECC Compton Educational Center Financial Aid Office Online Services Survey

Welcome to the Financial Aid Office Online Services Survey. Thank you for providing us with valuable feedback to improve our online services.

**Please fill in the bubble completely with a #2 pencil. Do not use a felt tip marker of any kind.**

1. Which most accurately describes who you are?

- Continuing Student (no break in enrollment)
- Educator
- High School Student
- New Student
- Parent
- Returning Student (break in enrollment)
- Other

2. When did you access the financial aid website? (Mark all that apply)

- Fall 2009
- Winter 2010
- Spring 2010
- Summer 2010

3. Which services are you familiar with on the financial aid website? (Mark all that apply)

- Orientation with Dave
- Financial aid hand book
- Financial aid twitter service
- Frequently asked questions
- Start here menu items on Navigation Menu
- Drop down menus on navigation menu
- Blinking apply online button

4. Which service(s) helped to answer your questions or concerns about financial aid policies and procedures? (Mark all that apply)

- Orientation with Dave
- Financial aid hand book
- Financial aid twitter service
- Frequently asked questions
- Start here menu items on Navigation Menu
- Drop down menus on navigation menu
- Blinking apply online button

5. Which online service(s) did NOT help to answer your questions or concerns about financial aid policies and procedures? (Mark all that apply)

- Orientation with Dave
- Financial aid hand book
- Financial aid twitter service
- Frequently asked questions
- Start here menu items on Navigation Menu
- Drop down menus on navigation menu
- Blinking apply online button

6. Do you understand financial aid policies and procedures better after using the online services?  Yes  No

7. Did you apply for financial aid using the online Free Application for Federal Student Aid (FAFSA)?

- Yes
- No

8. Did you know that the FAFSA Form will determine your eligibility for a fee waiver as well as other types of federal and state financial aid programs?

- Yes
- No



## Satisfactory Academic Progress (SAP) Survey

1. What is Satisfactory Academic Progress?

- Maintaining a 2.0 grade point average
- Completing 67% or more of classes attempted at El Camino College
- Have not exceeded the maximum time frame (90 units) or have a prior degree
- All of the above

2. How does not meeting Satisfactory Academic Progress affect your financial aid?

- You will be put on financial aid warning/probation
- You will lose financial aid eligibility
- Will result in suspension of grants, workstudy, and loans
- All of the above

3. What percentage of your program must you complete to prevent you from losing financial aid eligibility?

- 50%
- 75%
- 46%
- 67%

4. How do you calculate your completion rate?

- Total completed units divided by total attempted units
- Last semester completed units divided by total attempted units
- Total attempted units divided by total completed units
- None of the above

5. Where can you find information on Satisfactory Academic Progress?

- The ECC financial aid website (MYECC)
- Your Financial Aid Advisor
- The Satisfactory Academic Progress brochure
- All of the above

6. Please rate Financial Aid customer service based upon your satisfaction level

Highly  
Satisfied

Somewhat  
Satisfied

Somewhat  
Dissatisfied

Highly  
Dissatisfied



**Financial Aid TV Survey**

**Please use a #2 pencil and fill in the bubble completely.  
DO NOT use a felt tip marker of any kind!**

- Pre Survey**
- Post Survey**

1. Financial Aid Program information videos are available in two languages on the Financial Aid TV:
  - a. English & Spanish
  - b. French & German
  - c. Japanese & Swahili
  - d. None of the above
  
2. There is Financial Aid Program information on the Financial Aid TV regarding:
  - a. How to apply for financial Aid
  - b. Chaffee Grant
  - c. AB540
  - d. All of the above
  
3. The Financial Aid TV is an online library of short video clips that are accessible:
  - a. On Demand, 24/7
  - b. Anytime
  - c. Daily
  - d. All of the above
  
4. The Financial Aid TV covers a wide array of topics that provide answers to financial aid questions such as:
  - a. Satisfactory Academic Progress
  - b. Grants
  - c. Scholarships
  - d. All of the above
  
5. All of the answers to my financial aid questions were found on the Financial Aid TV:
  - a. Agree
  - b. Somewhat Agree
  - c. Somewhat Disagree
  - d. Disagree



## **Financial Literacy Survey**

Please answer the following questions. Use a pencil or ink pen and fill in the bubble completely.

1. What percentage of people have errors in their credit reports?
  - a. 35%
  - b. 40%
  - c. 70%
  - d. None of the above
  
2. Getting a secured credit card is one of the quickest ways to establish or re-establish your credit.
  - a. True
  - b. False
  
3. A defaulted student loan (or loans) will result in:
  - a. Negative credit ratings
  - b. Federal Tax Liens and wage garnishments
  - c. Loss of Financial Aid Eligibility
  - d. All of the above
  
4. As part of a debt management plan, it's a good idea to:
  - a. Create a budget
  - b. Max out your credit cards
  - c. Go crazy at the mall
  - d. None of the above
  
5. What is your overall rating of this workshop?
  - a. Excellent
  - b. Good
  - c. Fair
  - d. Poor



**El Camino College Compton Center  
Foster & Kinship Care Education (FKCE) Program Customer Service Survey**

Please return to: FKCE Office in F-10, ECC Compton Center,  
1111 E. Artesia Blvd. Compton, CA 90221 310.900.1600 x2771 or x2772

We would like your opinion about the quality of the student services we provide. Your responses will remain confidential and will not affect your standing at the Center. Please rate the following services based on your experiences with this office. If you have not yet had the opportunity to use some of the services, please indicate "not applicable" when you come to that part of the survey. We will use your feedback in our ongoing efforts to improve our services to students.

**Please mark ONLY one response for each question by filling in the bubble completely. Thank you for your feedback.**

Term:     Fall       Spring       Summer      Year \_\_\_\_\_

**1. What was the reason for your visit today? (Check all that apply)**

Attend Workshop     General Information     Other: \_\_\_\_\_

**2. Who provided service(s) for you? (Check all that apply)**

Instructional Specialist     Administrative Assistant     Other     Student Staff

**Please indicate the extent to which you agree with the following statements about the FKCE Office.**

**3. Staff was available in a timely manner.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**4. Staff was courteous and helpful.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**5. I feel I have enough privacy to discuss my concerns.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**6. I would be very likely to use the FKCE Office during evening hours (after 5:00 PM).**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**7. Staff met my needs during this visit.**

Strongly Agree     Agree     Disagree     Strongly Disagree     Not Applicable

**Overall, how would you rate our following services? Please mark ONLY one response for each question.**

	Poor	Fair	Good	Excellent	NA
<b>8. Hours of operation</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9. Office facilities (appearance, comfort)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10. Timeliness of response to your request(s)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11. Procedures are clear and easy to follow</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12. Overall quality of customer service</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please continue on back.**

**13. How did you hear about FKCE? (pick one)**

- Internet/Website     DCFS     Compton Center Office (Which one? \_\_\_\_\_)
- Phone Call     Word of Mouth     Friend (Who shall we thank? \_\_\_\_\_)
- Calendar/Flyer     E-mail     Other: \_\_\_\_\_
- Foster Care Association



**14. How often do you check your e-mail?**

- Daily     Weekly     Monthly     Never



**Open-Ended Questions**

**15. What did you like best about your visit today?**

**16. If you feel we fell short in meeting your expectations, how could we improve our services? Please describe the situation, including the name(s) of any staff person(s) involved and the date.**

**17. Is there a staff person you would like to praise or commend?**

El Camino College Compton Center  
Foster & Kinship Care Education Program  
Evaluation Form Renewal Workshops

**Please fill in the bubble completely with a #2 pencil. Do not use a Felt Tip marker of any kind.**

1. How did you hear about the training workshop?  word of mouth  phone call  
 mailed pamphlet  internet  
 DCFS  others \_\_\_\_\_

- |                                    | Excellent             | Good                  | Adequate              | Fair                  | Poor                  |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2. Overall how was today workshop? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. Please rate today's presenter base on the following: style, pace, delivery, instructions, and skills. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 4. Please rate materials/ handouts used in this presentation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. Were the concepts presented in an understanding manner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 6. Please rate the facilities and location where this program was held. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

7. What further training do you need? Mark all that apply!

- |   |  |
|---|--|
| <input type="radio"/> "D" Rate Certification<br><input type="radio"/> "F" Rate Certification<br><input type="radio"/> Adoption and Legal Guardianship<br><input type="radio"/> Allegation<br><input type="radio"/> Allegations<br><input type="radio"/> Anti- Discrimination AB-458<br><input type="radio"/> Assembly Bill 12<br><input type="radio"/> Assembly Bill 167<br><input type="radio"/> Asthma<br><input type="radio"/> Attachment Issues<br><input type="radio"/> Attention Deficit Hyperactivity Disorder<br><input type="radio"/> Behavior Management<br><input type="radio"/> Bipolar Disorder<br><input type="radio"/> Bullying<br><input type="radio"/> Caring for Children with HIV<br><input type="radio"/> Child Abuse<br><input type="radio"/> Child Development<br><input type="radio"/> Childhood Trauma<br><input type="radio"/> Children Court (working with the system)<br><input type="radio"/> Children with Autism<br><input type="radio"/> DCFS Discipline Policy<br><input type="radio"/> Eating Disorders<br><input type="radio"/> Emancipation of Teens<br><input type="radio"/> Fire Setting | <input type="radio"/> Foster Care Non-Discrimination Act<br><input type="radio"/> Foster Education Issues<br><input type="radio"/> Foster Youth Education Task Force<br><input type="radio"/> Gang Prevention and<br><input type="radio"/> Healthy Eating<br><input type="radio"/> Independent Living Bill<br><input type="radio"/> Independent Living Skills<br><input type="radio"/> Intervention<br><input type="radio"/> Juvenile Probation<br><input type="radio"/> Kinship Guardianship Assistance (Kin-Gap)<br><input type="radio"/> Kinship Orientation<br><input type="radio"/> Life Book<br><input type="radio"/> Lying Stealing<br><input type="radio"/> Positive Self-Esteem<br><input type="radio"/> Record Keeping<br><input type="radio"/> Reunification<br><input type="radio"/> Sex Education<br><input type="radio"/> Special Medical Conditions<br><input type="radio"/> Strength Needs to Make a Placement Work<br><input type="radio"/> Stress Management<br><input type="radio"/> Suicide Prevention<br><input type="radio"/> Visitation<br><input type="radio"/> Whole Foster Family Home<br><input type="radio"/> Working with Birth Parents |
|---|--|



## New Student Orientation Survey

1. The information presented during this orientation was clear.

- Strongly agree       Agree       Disagree       Strongly disagree

2. The staff that conducted this orientation were helpful and courteous.

- Strongly agree       Agree       Disagree       Strongly disagree

3. I am more knowledgeable about available resources on the campus.

- Strongly agree       Agree       Disagree       Strongly disagree

4. I have a better understanding of how to use and navigate campus technology tools such as MyECC.

- Strongly agree       Agree       Disagree       Strongly disagree

5. I have learned the basic information regarding El Camino College's registration procedures and educational options offered.

- Strongly agree       Agree       Disagree       Strongly disagree

6. The orientation addressed my questions/concerns.

- Strongly agree       Agree       Disagree       Strongly disagree

7. I feel I am ready to begin classes.

- Strongly agree       Agree       Disagree       Strongly disagree

8. Overall, how would you rate this orientation?

- Excellent       Good       Fair       Poor

9. How interested would you be in a virtual/online New Student Orientation?

- Extremely Interested       Slightly Interested       Not Interested

10. After participating in this orientation, a campus tour would be beneficial.

- Strongly agree       Agree       Disagree       Strongly disagree



## New Student Welcome Day Survey

Your responses below will help us improve this event for future students.  
Please fill in the ovals completely with a blue/black ink pen or #2 pencil. This survey is confidential.

**Are you a new or returning student?**     New     Returning

1. How did you hear about this event? (Check all that apply)

- Website                       Word of mouth                       In-Person Orientation  
 Flyer                               Postcard Mailing                       Counselor

2. How did you register for the New Student Welcome Day?

- Online registration form                       Showed up on the day of the event                       Registered in person

3. Before New Student Welcome Day, were you aware of services provided by the college?

- Yes     No

4. Prior to coming to New Student Welcome Day, were you able to register for classes on your own?

- Yes     No

5. How helpful was the information provided in the workshops you attended?

- Very helpful     Somewhat helpful     Not helpful

6. How clear was the information presented to you in the workshops?

- Very clear     Somewhat clear     Not clear

7. Please indicate which of the following workshops you found most helpful. (Check all that apply)

- Financial Aid  
 Majors, Careers, and My Life  
 Get Ready, Get Set, Transfer  
 Tools for Tartar Success

8. After attending New Student Welcome Day, are you more knowledgeable about the Support Services on campus?

- Yes     No

9. Identify the Support Services that you learned about today. (Check all that apply)

- Counseling                       Vocational Technology programs                       Book Store  
 Financial Aid                       Library - Student Success Center                       Bursar's Office  
 Student Life/ASB                       Extended Opportunity Programs and Services                       Career Advancement Academy  
 Transfer/Career Center

10. After attending New Student Welcome Day, do you feel more confident as a new student at El Camino College Compton Center?

- Yes     No

# What Do You Know About El Camino College Compton Center?



El Camino College  
Compton Center

Correct



Fill in the Bubbles Completely

Incorrect



Which of the following is not a step of the enrollment process?

- Educational Plan    Apply    Acceptance    Assessment

Which of the following is not a program offered at the Compton Center?

- First Year Experience    Federal Bureau of Investigation  
 Extended Opportunity Program and Services    Youth Empowerment Strategies for Success

One college unit is:

- The subject you specialize in college    A cheerleading squad present at our football games  
 Extra credit given by professors    Equivalent to one hour of class time per week

The cost of 1 unit is:

- \$46    \$70    \$33    \$18

A full-time student is enrolled in how many units?

- 6    50    12    15

At the Compton Center, you can complete which of the following educational goals?

- Receive a Certificate    Graduate and receive an Associate's degree  
 Transfer into a 4-year institution    All of the above

True   False

All classes offered at the Compton Center are transferable to a university.

 

Students must complete an orientation before taking the assessment test.

 

Compton Center does not offer financial aid for enrolled students.

 

Students can take classes at the Compton Center while still in high school.

# Student Enhancement Program (SEP) Pre-Questionnaire

Thank you for attending the Student Enhancement Program Workshop! We'd like to hear your thoughts about this program so that we can continue to improve this program in the future. Your input is very valuable!

**This survey is anonymous so do not include your name on this form.**

**Please fill in the bubble completely with a #2 pencil. Do not use any kind of felt tip marker.**

- 1. Did you attend an in-person Orientation workshop at the Compton Center?  Yes  No
- 2. Were you or are you part of a support program?  Yes  No
- 3. If so, please indicate which one.  Athletics  
 EOP&S/CARE  
 First Year Experience  
 SRC  
 Cal Works  
 Student Support Services

**How familiar are you with the following information?**

- |   | Very                  | Some what             | Not at all            |
|---|-----------------------|-----------------------|-----------------------|
| 4. Academic probation                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Progress probation                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Academic dismissal                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Progress Dismissal                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Transcript/GPA Explanation                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Decision Making Activity                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Goal Setting Explanation                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Goals Setting   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Time Management   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Learning Styles   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Your academic status and level                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Your student responsibilities for your academic success | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Setting goals for your academic career and beyond       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Are there any additional comments or recommendations you would like to suggest for us to improve this orientation workshop? If so, please list on the back of this form.**





# El Camino College Compton Center Special Resource Center Survey

We would like your opinion about the quality of the student services we provide. Your responses will remain confidential and will not affect your standing at the Center. Please rate the following services based on your experiences with this office. If you have not yet had the opportunity to use some of the services, please indicate "not applicable" when you come to that part of the survey. We will use your feedback in our ongoing efforts to improve our services to students.

**Please mark ONLY one response for each question by filling in the bubble completely.**

Term       Fall       Spring      Year \_\_\_\_\_

	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>NA</b>
1. Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Office facilities (appearance, comfort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Timelines of response to your request(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Procedures clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Quality of materials or equipment received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge & Helpfulness of Front Desk Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Helpfulness & Knowledge of Counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge & Helpfulness of High Tech Center Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpfulness & Knowledge of Student Workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Confidentiality of private information maintained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Overall quality of service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate the extent to which you agree with the following statements about the SRC Office:**

12. When talking to staff at the SRC Office I feel I have enough privacy to discuss my concerns.  
 Strongly Agree       Agree       Disagree       Strongly Disagree       Not Applicable

13. I would be very likely to use the SRC Office during evening hours (after 5:00 pm).  
 Strongly Agree       Agree       Disagree       Strongly Disagree       Not Applicable

14. I received or was referred for academic counseling to explore my career interests, develop an educational plan and plan the best program of study at the El Camino College Compton Center.  
 Strongly Agree       Agree       Disagree       Strongly Disagree       Not Applicable

15. How did you hear about the SRC? (pick one)  
 Newspaper       Library       CEC Office (which one): \_\_\_\_\_  
 Radio       Brochure       Other: \_\_\_\_\_  
 Internet       Orientation  
 Cable       Recruiter

16. How often do you check your e-mail?  
 Daily/Always       Monthly/Not often  
 Weekly/Bi-weekly       Never

**Please continue on back.**

17. Comments/Suggestions/Concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 2012-2013 Transfer/Career Center Student Satisfaction Survey

We would like your opinion about the quality of the student services we provide. Your responses will remain confidential and will not affect your standing at the Center. Please rate the following services based on your experiences with this office. If you have not yet had the opportunity to use some of the services, please indicate "not applicable" when you come to that part of the survey. We will use your feedback in our ongoing efforts to improve our services to students.

**Term:**    Fall    Spring    Summer

### 1. What was the reason for your visit today? (Check all that apply)

- Transfer Information
- Career Information
- Counseling Appointment
- University Representative
- Workshop
- University Tour
- Other \_\_\_\_\_

### 2. Who provided service(s) for you? (Check all that apply)

- Front desk staff
- Coordinator
- Counselor
- Director
- Student worker
- Other \_\_\_\_\_

**Please indicate the extent to which you agree with the following statements.**

Please complete this section if your visit with us **involved the front desk staff.**

#### 3. Front desk staff was available in a timely manner

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

#### 4. The front desk staff was courteous and helpful

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

#### 5. I feel I have enough privacy to discuss my concerns

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

Please complete this section if your visit with us **involved counseling.**

#### 6. A counselor was available in a timely manner

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

#### 7. The counselor was courteous and helpful

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

#### 8. I received academic counseling to explore my transfer goals and/or career interest, develop an educational plan and plan the best program of study at the ECC Compton Center

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

#### 9. When talking to the counselor I feel I have enough privacy to discuss my concerns

- Strongly Agree    Agree    Disagree    Strongly Disagree    Not Applicable

Overall, how would you rate our following services:

	Excellent	Good	Fair	Poor	NA	
10. Hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
11. Office facilities (appearance, comfort)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
12. Timelines of response to your request(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
13. Procedures clear and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
14. Overall quality of customer service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

15. How did you hear about the Transfer/Career Center? (pick one)

- Friend
- Cable
- Brochure
- Flyer
- Recruiter
- Other: \_\_\_\_\_
- Orientation
- Webpage
- Compton Center Office (Which one) \_\_\_\_\_

16. How often do you check your e-mail?

- Daily
- Weekly
- Monthly
- Never

20. What did you like best about your visit today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. If you feel we fell short in meeting your expectations, how could we improve our services?

\_\_\_\_\_  
\_\_\_\_\_

22. Is there a staff person you would like to commend? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_