

**Student Services
Customer Service Evaluation Forms**

Welcome Center
New Student Orientation Feedback Form

*Please Return to Jacqueline Phillips at the Welcome Center Room 201.

We would appreciate your response to the service that you received in this department. Please help us to better serve you by answering the following questions. Thank you!

5= Highest rating (Most effective)
1= lowest rating (Least effective)

- | | |
|---|-----------------------|
| 1) Was the Orientation session very informative? | 1....2....3....4....5 |
| 2) Did the Orientation provide a smooth transition into Capital? | 1....2....3....4....5 |
| 3) Was the Student Banner Online Workshop helpful? | 1....2....3....4....5 |
| 4) Was the Academic Support Services Workshop helpful? | 1....2....3....4....5 |
| 5) Was the Student Activities Workshop helpful? | 1....2....3....4....5 |
| 6) Did you find our Mock Classroom Session helpful? | 1....2....3....4....5 |
| 7) Did you find the staff courteous and helpful? | 1....2....3....4....5 |
| 8) Did the staff answer your question(s) or direct you to the appropriate department(s)? | 1....2....3....4....5 |
| 9) Did you receive service within a reasonable amount of time? | 1....2....3....4....5 |
| 10) As a result of your visit, did you receive the answers/services that you needed? | 1....2....3....4....5 |
| 11) What were your primary reasons for attending the New Student Orientation (check the top 2 choices)? | |

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Registration | <input type="checkbox"/> Career Services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Business Office | <input type="checkbox"/> Placement Testing |

12) Please provide any additional comments/feedback: _____

CAPITAL COMMUNITY COLLEGE
FINANCIAL AID EVALUATION FORM

TODAY'S DATE: _____

We would appreciate your response to the service that you received in this department. Please help us to better serve you by answering the following questions. Thank you.

1= Lowest Rating 5 = Highest Rating

1. Did you find the staff courteous and helpful?

1.....2.....3.....4.....5

2. Did the staff answer your questions or direct you appropriately to other helpful resources or departments?

1.....2.....3.....4.....5

3. As a result of your visit, did you receive the answer/service that you needed?

1.....2.....3.....4.....5

4. Did you receive service in a reasonable amount of time?

1.....2.....3.....4.....5

5. Please provide any additional comments or feedback: _____

CAREER SERVICES EVALUATION FORM

Name of Student _____

Date _____

Please evaluate your services in this department on 1- 5 basis with 5 as the highest rating.

1. Did you find the staff courteous and helpful?

1 2 3 4 5

2. Did the staff answer your question(s) and direct you appropriately to other helpful resources?

1 2 3 4 5

3. Did you receive services within a reasonable amount of time?

1 2 3 4 5

4. As a result of your visit to this office, did you receive the answer/services that you needed?

1 2 3 4 5

Please provide any additional comments/feedback to the staff that you think would help serve you and other students better.

CAPITAL COMMUNITY COLLEGE ENROLLMENT SERVICES EVALUATION FORM

Today's Date: 8/10/06

We would appreciate your response to the service that was received in this department. Please help us to better serve you by answering the following questions. We thank you for your cooperation!

1 = Lowest Rating

5 = Highest Rating

- Did you find the staff courteous and helpful?

1...2...3...4...**5**

- Did the staff answer your questions or direct you appropriately to other helpful resources or departments?

1...2...3...4...**5**

- As a result of your visit, did you receive the answer/service that you needed?

1...2...3...4...**5**

- Did you receive service in a reasonable amount of time?

1...2...3...4...**5**

- What service(s) did you receive today?

Add/Drop Course(s)

Admissions

Clearinghouse info

Name/Address Change

Pin Reset

Registering for course(s)

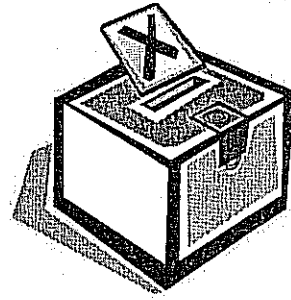
Request assistance for access ONLINE

Request transcript(s)

Request transfer credit evaluation

Other: _____

Please provide any additional comments or feedback:



Welcome Center Evaluation Form

Date: _____

We would appreciate your response to the service that you received in this department. Please help us to better serve you by answering the following questions. Thank You.

5= Highest Rating

1= Lowest Rating

1. Did you find the staff courteous and helpful? 1...2...3...4...5
2. Did the staff answer your question(s) or direct you appropriately to other helpful resources or department? 1...2...3...4...5
3. As a result of your visit, did you receive the answers/services that you needed? 1...2...3...4...5
4. For what Purposes did you come to the Welcome Center (Please Circle)

Admissions Information Financial Aid Information

New Student Orientation Campus Tour Sessions New Student Information

Intake Advising Open House

5. Please provide any additional feedback or comments:

Intake Advising Evaluation

In an effort to serve you better, we ask that you complete this brief questionnaire.

Thank you for your cooperation!

1. *How well did your Welcome Center Intake prepare you for the Admissions/Financial Aid process for the upcoming semester?*

Very well ___ *Fairly well* ___ *Not very well* ___ *Not at all* ___ *No opinion* ___

2. *How well were your expectations met during your Welcome Center Intake Process?*

Very well ___ *Fairly well* ___ *Not very well* ___ *Not at all* ___ *No opinion* ___

3. *Reflecting back over your intake process, list two topics that were discussed and indicate how you benefited from this discussion.*

a. _____

b. _____

4. *List two ways in which you feel the Welcome Center intake process could be improved.*

a. _____

b. _____

5. *Please provide additional comments/questions.* _____

Please submit this form to the Welcome Center, Room 201.