Glendale Community College

Student Evaluation of Learning Disabilities Specialist

Name of Learning Disabilities Specialist _____ Date _____

Please rate the performance of the specialist you have just seen by filling in the appropriate circle. Then, please place the completed form in the box located in the reception area.

Part I

Evaluate the learning specialist seen today in the following areas.

Personal Qualities:	Strongly Agree	Agree	Neutral/Does Not Apr	Disagree	Strongly Disagree
1. This specialist listened to me attentively and showed interest.	A	B	C	D	E
2. This specialist treated me with respect.	A	B	C	D	E
3. This specialist made effective use of time during the appointment.	A	B	C	D	E
4. This specialist understood my needs.	A	B	C	D	E
5. This specialist assisted me in a timely and efficient manner.	A	B	C	D	E
6. This specialist was available and willing to assist me.	A	B	C	D	E
7. This specialist was sensitive to my needs during the appointment.	A	B	C	D	E
Professional Services:					
8. This specialist clearly explained the learning disabilities assessment process.	A	B	C	D	E
9. This specialist attempted to put me at ease for the assessment process.	A	B	C	D	E
10. This specialist administered the assessment in a professional and efficient manner.	A	B	C	D	E
11. This specialist clearly explained my assessment results.	A	B	C	D	E
12. This specialist clearly explained my learning differences and learning style.	A	B	C	D	E
13. This specialist clearly suggested ways to gain additional information and help.	A	B	C	D	E

DO NOT DUPLICATE

PART II

14. Overall rating of this specialist. A) Excellent, B) Good, C) Average, D) Below Average, E) Poor	A	B	C	D	E
15. How many times have you seen this specialist before? A) first time, B) 2 times, C) 3 times, D) 4 or more times	A	B	C	D	

16. Check the reason(s) for your visit today.

- O Learning disabilities assessment
- O Test proctoring
- O Campus liaison
- O Assessment results
- O Advice on learning
- O Tutoring
- O Service referrals
- O Other: _____

Please continue answering the evaluation questions on the reverse side of this form.

PART III

Write your comments in this area:

What did you find helpful about this service?

What else do you think we should do to serve you better?

DO NOT DUPLICATE