

**Santa Rosa Junior College**

Faculty Evaluation: [insert name]

**Our records show that you recently attended an appointment with [insert name], in the Disability Resources Department at Santa Rosa Junior College. Please assist us with their regular evaluation by completing this survey by [insert date] at 8:00 a.m.**

**Please respond to the following statements with a rating of 5 (strongly agree) to 1 (strongly disagree) with regard to your experience. If there is an area you do not feel you can comment on, select "Not Applicable".**

**Your responses and comments will remain confidential. *Thank you for your time and participation in this important process!***

**Santa Rosa Junior College**

Faculty Evaluation: [insert name]

1. I left the appointment satisfied with the advising I received.

5 (Strongly Agree)

4 (Agree)

3 (Neutral)

2 (Disagree)

1 (Strongly Disagree)

Not Applicable

**Santa Rosa Junior College**

Faculty Evaluation: [insert name]

2. Advising specific to my ability was provided.

5 (Strongly Agree)

4 (Agree)

3 (Neutral)

2 (Disagree)

1 (Strongly Disagree)

Not Applicable

**Santa Rosa Junior College**

Faculty Evaluation: [insert name]

3. My needs and concerns were addressed.

5 (Strongly Agree)

4 (Agree)

3 (Neutral)

2 (Disagree)

1 (Strongly Disagree)

Not Applicable

**Santa Rosa Junior College**

Faculty Evaluation: [insert name]

4. The appointment was conducted in a professional manner.

5 (Strongly Agree)

4 (Agree)

3 (Neutral)

2 (Disagree)

1 (Strongly Disagree)

Not Applicable

**Santa Rosa Junior College**

Faculty Evaluation: [insert name]

5. Other Comments: