EOPS QUALITY EVALUATION

Instructions:
Please respond to each question honestly. All responses will be confidential.

I. ENVIRONMENT
1. Do you feel welcome when you come to EOPS?
   ○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

2. Do you feel if you came to us with a question, you’d be helped?
   ○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree

3. What makes you feel welcome when you come in? _____________________________
   __________________________________________
   __________________________________________

II. SERVICES
1. What services do you use? (Please rank 1 through 9)
   _____ Book Services
   _____ Childcare
   _____ Place to Study
   _____ Transfer Application Fee Waiver
   _____ Tutoring
   __ Other _____________________

   _____ Transportation
   _____ Counseling
   _____ Priority Registration

2. How helpful do you find the services you use? (Check how helpful)

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Helpful</th>
<th>Helpful</th>
<th>Somewhat Helpful</th>
<th>Not Helpful</th>
<th>Do not Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book Services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Transportation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Childcare</td>
<td>○</td>
<td>○</td>
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<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Counseling</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Priority Registration</td>
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<td>○</td>
</tr>
<tr>
<td>Transfer Fee Waiver</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Tutoring</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

3. What types of EOPS activities would you like to participate in?
   _____ Tutoring fellow EOPS student
   _____ EOPS Club
   _____ Financial Aid Workshop
   _____ Other ____________________
   _____ Campus Visits
   _____ Scholarship Workshop
4. Please tell us what we could do to improve the services for you. ________________________
____________________________________________________________________________
____________________________________________________________________________
5. Please tell us what you do not like about EOPS. ________________________________
____________________________________________________________________________
____________________________________________________________________________

-- Over --

III. OUTREACH
1. Do you feel that CSM students are aware of the EOPS Program?
   ○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree ○ Don’t Know
2. Do you feel that the community is aware of the EOPS Program?
   ○ Strongly Agree ○ Agree ○ Disagree ○ Strongly Disagree ○ Don’t Know
3. How did you hear of EOPS?
   ○ Friend ○ Counselor (name) ________________________
   ○ Financial Aid ○ Other _________________________________
   ○ EOPS Staff (name) ____________
4. Do you feel EOPS has helped you succeed at CSM?
   ○ Very Helpful ○ Helpful ○ Somewhat helpful ○ Not Helpful ○ N/A

IV. STAFF

Have you found the EOPS Director (Danita Scott)
   accessible ○ ○ ○ ○ ○ ○
   helpful ○ ○ ○ ○ ○ ○
   knowledgeable ○ ○ ○ ○ ○ ○

Have you found the EOPS Counselor (Ruth Turner)
   accessible ○ ○ ○ ○ ○ ○
   helpful ○ ○ ○ ○ ○ ○
   knowledgeable ○ ○ ○ ○ ○ ○

Have you found the EOPS Counselor (Arnett Caviel)
   accessible ○ ○ ○ ○ ○ ○
   helpful ○ ○ ○ ○ ○ ○
   knowledgeable ○ ○ ○ ○ ○ ○

Have you found the EOPS Counselor (Susana Ali)
   accessible ○ ○ ○ ○ ○ ○
   helpful ○ ○ ○ ○ ○ ○
   knowledgeable ○ ○ ○ ○ ○ ○

Have you found the EOPS Counselor (Adrian Orozco)
   accessible ○ ○ ○ ○ ○ ○
Have you found the EOPS Counselor (Sylvia Aguirre-Alberto)

Have you found the EOPS Counselor (Aisha Upshaw)

Have you found the Prog. Serv. Coord (Lorena G. del. Mundo)

Have you found the EOPS Specialist (Warren Shelby)

Have you found the Office Assistant (Rosalie Chian)

Have you found the Student Assistants

Anything else you would like to tell us?
________________________________________________________________________
________________________________________________________________________