



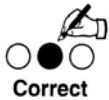
Student/Client Opinion of Disability Resource Centre Advisor

ADVISOR NAME: _____ DATE OF SURVEY: _____

BCIT is committed to providing high quality service. You can help by providing thoughtful and honest responses to each of the following statements. The information you provide will be used more closely match service to student/client needs. Thank you for your assistance. Please note that not all items may apply to your particular situation, in which case please indicate: No Opinion (N-O). Anonymity is important in your responses to this survey. Be certain that you do not identify yourself on the form in any way.

SECTION ONE:

Please fill in circle completely: using **dark pencil** or blue/black ink and pressing firmly..



	No Opinion					
	Strongly Disagree					
	Disagree					
	Agree					
	Strongly Agree					
	4	3	2	1	N-O	
1. The advisor was on-time for a scheduled appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The advisor seemed at ease during our discussions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The advisor was polite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The advisor gave me the opportunity to ask questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The advisor seemed attentive to my questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The advisor responded effectively to my questions and comments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The advisor indicated an understanding of matters related to my situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The advisor presented information in a logical sequence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The advisor presented information at an appropriate pace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The advisor provided sufficient opportunities to discuss my situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The advisor informed me of available services or information relevant to my needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The advisor clarified any misunderstandings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The advisor used appointment time effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The advisor presented information in a way I could understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Student/Client Opinion of Disability Resource Centre Advisor

SECTION TWO: These comments are intended only for your advisor.

What did you like best about your interaction with the advisor?

What suggestions do you have to help improve the advisor's effectiveness?

Additional questions as supplied by the advisor: