



COAHOMA COMMUNITY COLLEGE

Disability Support Services

3240 Friars Point Road Clarksdale, MS 38614 Ph: (662) 621-4853 Fax: (662) 624-6424

SEMESTER EVALUATION OF SERVICES

Current Semester: _____

Please respond to all questions that apply to you. Circle the answer that is most accurate regarding your experience with ODSS for the current semester. We appreciate your time in completing this evaluation.

1. Indicate the number of times you contacted (telephoned, visited, or wrote) ODSS during the current semester.

0 1-3 4-6 7+

2. Did you request accommodations for any classes this semester?

Yes No

3. Did the ODSS staff appear to be concerned about your requests?

Very Unconcerned Very Concerned

1 2 3 4 5

4. Were any of your examinations administered through ODSS during this semester?

Yes No

If yes, were exam accommodations implemented to your satisfaction?

Dissatisfied Very Satisfied

1 2 3 4 5

5. Overall, how satisfied were you with ODSS?

Dissatisfied Very Satisfied

1 2 3 4 5

6. Your comments are welcome:
