

## **DSS Student Survey**

Please take the time to complete this survey so we may better meet your needs. Clearly indicate your answer choice.

### **1. What year at MSU Texas are you?**

Freshman

Sophomore

Junior

Senior

Graduate Student

Other (please specify):

### **2. What is the nature of your disability? (Please select all that apply)**

ADD/ADHD

Autism Spectrum

Blind/Visual

Chronic Health

Deaf/Hard of Hearing

Learning Disability

Psychiatric

Other (please specify):

### **3. How often do you use the services/visit the DSS office?**

Daily to almost daily

Once or twice a week

Once or more a month

A few times during the semester

Only during Finals

Never

**Please flip over, there is a backside!**

**4. I have found the DSS staff to be helpful and courteous.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

**5. I understand DSS policies and procedures.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
- N/A

**6. Do DSS staff members make it easy for you to arrange your accommodations?**

- Yes
- No
- N/A

**7. The accommodations provided by DSS have contributed to an improvement in my academic performance.**

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

**8. I used one or all of my accommodations at least once this semester.**

Yes

No

**9. How would you rate the physical accessibility of campus?**

Excellent

Good

Fair

Poor

N/A

**10. How would you rate your overall experience with MSU this semester?**

Excellent

Good

Fair

Poor

**11. Please leave any comments, concerns, improvements, experiences with DSS (good or bad), etc. that the DSS staff can use to improve services.**