

**Services for Students with Disabilities**  
**Student's Feedback Form • Professional Service Provider**

You are receiving professional services in accordance to your Academic Accommodation Plan. To ensure quality services are provided, please answer these questions fairly and honestly by circling your answer.

\_\_\_\_\_ Sign Language Interpreter                      \_\_\_\_\_ TypeWell Transcriptionist

Service Provider's name: \_\_\_\_\_

Course: \_\_\_\_\_                      Term: \_\_\_\_\_

1. Service Provider is on time and prepared for class:  
Always Usually              Seldom              Never
  
2. Service Provider keeps my private and personal information confidential:  
Always Usually              Seldom              Never
  
3. Service Provider avoids giving personal opinions or advice:  
Always Usually              Seldom              Never
  
4. Service Provider avoids becoming personally involved in classroom activities:  
Always Usually              Seldom              Never
  
5. With this Service Provider I am able to access class lectures and participate in class:  
Always Usually              Seldom              Never
  
6. I would like to work with this Service Provider again:  
Always Maybe              Never

Please write comments you fell would be beneficial to improving services.

Thank you for your participation.

Please return this completed form to the Ann Satkowiak, Director  
Services for Students with Disabilities  
J.L. Goins Building, Room 134.