Satisfaction of Students with Disability Resources

The purpose of this survey is to collect feedback from students about their satisfaction with Disability Resources at RDC, and help improve these services.

Your participation in this survey is voluntary and your identity will remain anonymous. You may leave any question blank if you choose, but we hope you will help us by providing as much information as you can about your experience with Disability Resources.

This survey is being conducted under the guidelines of the Freedom of Information and Privacy Protection Act (FOIP). If you have any questions about this survey, please contact Leslie Beattie at (403) 342-3244 or leslie.beattie@rdc.ab.ca

Return your completed paper survey to:

- The survey return box, located on the east side of the Nova Chemical Learning Common (NCLC) Information Desk (Mon-Fri, 6:30a – 10p)

OR

- Heather Adams, Library Information Common (LIC) Administration Desk (Office Area 1006 N-E, Mon-Fri, 8:30a – 4:30p)

If you prefer to complete this survey online, please go to:

rdc.libguides.com/disabilityservices and click on the online survey link on the left.
Have you previously completed and submitted this survey in the 2018-19 academic year (either online or in paper format)?

☐ Yes
☐ No

We welcome all feedback from you, even if you have already filled out this survey this year. Please be assured that your identity will remain anonymous.
Question 1. How did you first find out about Disability Resources?

Select one:

- Website
- Instructor
- Academic advisor
- Other (please specify): ________________________________

Question 2a. What method did you use the very first time that you contacted a Disability Resources Coordinator (Gifty Amakye, Cherie Cardinal, Heather Adams, Sabrina Di Lonardo, or Laurel Mutch)?

Select one:

- Phone
- Email
- Just dropped by their office
- Used the online booking form to book an appointment
- Other (please specify): ________________________________

Question 2b. How do you prefer to communicate with your Disability Resources Coordinator?

Select all that apply:

- In-person
- Phone
- Email
- Video chat (using Google Hangouts or Skype)
- Other (please specify): ________________________________
**Question 3. Did you introduce yourself to your instructors?**

- Yes
- No

If you answered "No" to Question 3, please explain why:

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**Question 4. Since your initial visit, have you used the online booking form to make an appointment with Disability Resources?**

- Yes
- No
Assistive technologies include:

Kurzweil 3000
Text Help Read and Write Gold
ZoomText
Dragon
Livescribe pen
Reading pen
FM system
Assistive Technology laptop
Other (you will be asked to specify)

Question 5. Did you meet with an Assistive Technology Consultant (Mary Ellen Lickford, Cherie Cardinal, or Wendy Thurston) to talk about using any of the technologies listed above?

☐ Yes (If “Yes”, please continue to Question 5a on Page 8)

☐ No (If “No”, please skip to Question 6a on Page 15)
**Question 5a. Which assistive technologies did you use, and how satisfied are you with each?**

Rate only the technology you used:

<table>
<thead>
<tr>
<th>Technology</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kurzweil 3000</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Text Help Read and Write Gold</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. ZoomText</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. Dragon</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. Livescribe Pen</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. Reading Pen</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. FM System</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. Borrowed an Assistive Technology Laptop</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>9. Other</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

If you rated "Other" technology, please specify what that technology was:

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Question 5b. Please share any comments (positive or negative) concerning your satisfaction with any technology option you selected in Question 5a.

Comment only on the technology you used:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Kurzweil 3000</td>
<td></td>
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<td>2. Text Help Read and Write Gold</td>
<td></td>
</tr>
<tr>
<td>3. ZoomText</td>
<td></td>
</tr>
<tr>
<td>4. Dragon</td>
<td></td>
</tr>
<tr>
<td>5. Livescribe Pen</td>
<td></td>
</tr>
</tbody>
</table>

If you require more room, please continue on the back of this page.
**Question 5b (cont’d).** Please share any comments (positive or negative) concerning your satisfaction with any technology option you selected in Question 5a.

**Comment only on the technology you used:**

<table>
<thead>
<tr>
<th>Technology</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Reading Pen</td>
<td></td>
</tr>
<tr>
<td>7. FM System</td>
<td></td>
</tr>
<tr>
<td>8. Borrowed an Assistive Technology Laptop</td>
<td></td>
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<tr>
<td>9. Other (as specified by you in Question 5a, part 9)</td>
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</tbody>
</table>

If you require more room, please continue on the back of this page.
Question 5c. How did the assistive technology you used impact your learning?

Select all that apply:

☐ Increased my comprehension
☐ Made reading easier
☐ Made writing easier
☐ Gave me new study skills
☐ Helped me remember better
☐ Helped me with my organization

If your learning was impacted in other ways, please describe them:

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Question 5d. Overall, how satisfied are you with the Assistive Technology Service?

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied

Please add any additional comments (positive or negative) concerning your overall satisfaction with the Assistive Technology Service:

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Question 6a. Which other Disability Resources services did you receive, and how satisfied are you with each?

Rate only the services you received:

<table>
<thead>
<tr>
<th>Service</th>
<th>Very Dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Arranging classroom accommodations</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Arranging exam/test accommodations</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. Alternative format text (e.g., electronic textbook)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. Learning strategies</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. Help getting disability-related funding</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. Learning Assessment referral</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. Academic Aide</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. Interpreting (ASL or SEE)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. CART</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>10. Referrals to other services</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>

If you rated "Referrals to other services", please specify what those referrals were:

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**Question 6b.** Please share any comments (positive or negative) concerning your satisfaction with any of the services you selected in Question 6a.

If you require more room, please continue on the back of this page

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Arranging classroom accommodations</td>
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<td>3. Alternative format text (e.g., electronic textbook)</td>
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<tr>
<td>4. Learning strategies</td>
<td></td>
</tr>
<tr>
<td>5 Help getting disability-related funding</td>
<td></td>
</tr>
</tbody>
</table>
Question 6b (con’t). Please share any comments (positive or negative) concerning your satisfaction with any of the services you selected in Question 6a.

<table>
<thead>
<tr>
<th>Service</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Learning assessment referral</td>
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</tr>
<tr>
<td>7. Academic Aide</td>
<td></td>
</tr>
<tr>
<td>8. Interpreting (ASL or SEE)</td>
<td></td>
</tr>
<tr>
<td>9. CART</td>
<td></td>
</tr>
<tr>
<td>10. Referrals to other services (as specified by you in Question 6a, part 10)</td>
<td></td>
</tr>
</tbody>
</table>

If you require more room, please continue on the back of this page.
Question 7. Overall, do you feel that your barriers to learning have been reduced by using Disability Resources services?

○ Yes

○ No

Please add any comments concerning your response to Question 7. If you require more room, please continue on the back of this page.

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Question 8. Is there anything we can do to make RDC a more accessible environment? If you require more room, please continue on the back of this page.

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