

# COLLEGE OF THE SISKIYOU

## Disabled Students Programs and Services

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### Welcome to the Disabled Students Programs and Services (DSP&S)

One of our goals in DSP&S is to assist Disabled Students to be independent users of services and resources including how to:

- utilize adaptive computer equipment.
- develop self-advocacy skills.
- request services/accommodations in a timely manner.
- understand and follow processes for all COS programs & community agencies.
- successfully obtain an educational goal.

To help reach our goal, we ask for your help. Please take a few minutes to fill out this questionnaire. *THIS IS NOT A TEST.* Do not worry if you do not know all of the answers. This is just a tool for the DSP&S staff to evaluate our program and services and how we might best serve you.

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**1. What is your educational goal?**

- Earn a degree and transfer to a 4-year college.
- Obtain an Associate Degree
- Obtain a Vocational Certificate.
- Improve my Basic Skills ( Math, English, or Reading)
- Personal enrichment.
- Undecided

**2. Please check your disability. Check all that apply.**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Visual   | <input type="checkbox"/> Hearing               | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Speech   | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Other Health            |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mobility              | <input type="checkbox"/> Psychological           |

<b>Please answer the following questions by checking the appropriate box.</b>	Yes	No	N A
1. I know that I need to provide documentation of my disability to the Disabled Student Services office before I can receive services.			
2. I know how to request services/accommodations related to my disability (i.e. note taking, test taking, etc.)			
3. I know my responsibilities in order to use services/accommodations as outlined in the DSP&S Handbook.			
4. I know how to explain my disability related needs to my instructors and staff.			
5. I know what adaptive equipment and software is available in the High Tech Center.			
6. I know how to request a Learning Disability assessment.			
7. I know what to do if an instructor or a staff member disagrees or refuses to provide me with reasonable accommodations for my disability.			
8. I know how to apply for financial aid.			
9. I know how to apply for services through Department of Rehabilitation.			
10. I know how and where to obtain my class schedule, progress reports, and transcripts.			
11. I know that I can access the COS class schedule and catalog online.			
12. I know that I can access all DSP&S forms and handbook online.			
13. I know that I can request the COS class schedule and catalog in alternate format (i.e. Braille, enlarged, etc.).			
14. I know that, if appropriate, I can request to have my textbooks, and required materials in alternate format (i.e. Braille, enlarged, audio, etc.).			
15. I know where to go on campus for assistance, if I experience a personal crisis.			

<b>Keeping your educational goal in mind, rate the level of importance and satisfaction with the following:</b>				<b>Not at all.....Very</b>				
				<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
• <b>Counseling – Disability Related</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Counseling Academic (setting up class &amp; education plan)</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Tutoring</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Note Taking</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Registration assistance</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Learning Disability Assessment</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Information in Disabled Student Brochure</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Information &amp; forms on Web site</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Availability of DSP&amp;S Staff</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Advocacy/Liasion</b> DSP&S staff assists students with other COS programs, instructors/staff and off-campus agencies.	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>DSP&amp;S Program (as a whole)</b>	<b>Importance</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Did you Use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Satisfaction</b> ⇒	⇒	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide us with comments on how we could improve a particular service or the DSP&S program as a whole.

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Please provide us with comments on what you think the DSP&S program does well?

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