

College of the Siskiyous
Student Support Services Program
End-Of-Term Survey

Name _____
Please Print

Semester: _____

Current phone # _____

E-mail _____

____ I will enroll

____ I have enrolled

____ I am undecided or do not know

Fall

Year

Spring

Year

Summer

Year

OR

I plan to withdraw from COS due to the following reasons:

- I will **not enroll** because: () I have graduated or will graduate
() I will be attending another 2-year college
() I have applied to a 4-year school or university
() I will be attending a 4-year college or university

Name of the **4-year college or university** I plan to attend when I am no longer enrolled at COS:

Name _____

Semester

Year

OR

I plan to withdraw from COS due to the following reasons:

- () Lack of resources (financial, childcare, etc.)
() Health-related problems (illness, pregnancy, etc.)
() Academic difficulties, academic dismissal, lack of progress
() Personal reasons (moving out of area, seeking employment)
() I have other plans: Please explain _____

Mailing Address Request:

We would like to ensure we have your updated mailing address if you are continuing at COS. If you are leaving COS, we would like to know how you are doing in reaching your goals. Could you please leave us your future address or the name and address of someone who can contact you? Thank you.

Name

Phone Number

Street Address

City

State

Zip

**Student Support Services
Program Evaluation**

Semester: _____

<p>1 No Opinion/Not Used Service 2 Not Helpful 3 Helpful 4 Moderately Helpful 5 Extremely Helpful</p>
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Please rate the following SSS services:

Please circle the appropriate number below

Counseling/Advising	1	2	3	4	5
Walk in counseling process	1	2	3	4	5
SSS orientation	1	2	3	4	5
SOAR sessions	1	2	3	4	5
Financial Literacy Workshop	1	2	3	4	5
Progress Report (Census) Process	1	2	3	4	5
Cultural Activities	1	2	3	4	5
Campus Tours	1	2	3	4	5

Please Answer The Following:

Do you feel the comprehensive services provided by the SSS Program contributed significantly to your success at COS? Yes { } No { }

Do you feel you obtained support from our staff? Yes { } No { }

Do you feel you obtained support from our student employees? Yes { } No { }

How do you feel about the services provided by the SSS Program:

How do you feel about the services provided by College of the Siskiyous (COS):

Comment: _____

Did you request a tutor? Yes { } No { }

Did you receive a tutor? Yes { } No { }

Do you feel the tutoring services you received were helpful? Yes { } No { }

Explain: _____

**Thank you for completing this evaluation and survey
Your input is very important to us**