

APPENDIX C

Data Collection Instruments

College Demographics Questionnaire
Support Services Questionnaire
Faculty/Staff Questionnaire
Faculty/Staff Interview Protocol
Student Questionnaire
Student Panel Protocol
Administration Interview Protocol
Student Caseload Data Form
Student Brochures Review & Evaluation



The Individual Accommodations Model (IAM): Accommodating Students with Disabilities in Postsecondary Setting

College Demographics and Budget Information

(If you are unsure about the answers to these questions at this point in time, please feel free to return it to us at a later date in the envelope provided.)

College Name: _____

1. What are the percentage distributions for your college? Please approximate if necessary.

<u>Gender</u>	<u>Age</u>	<u>Ethnicity</u>	<u>Race</u>
___% female	___% ≤ 17	___% Hispanic or Latino	___% American Indian or Alaska Native
___% male	___% 18	___% Not Hispanic or Latino	___% Asian
	___% 19		___% Black or African American
	___% 20-24		___% Native Hawaiian or Other Pacific Islander
	___% 25-29		___% White
	___% 30-49		
	___% ≥ 50		

2. What percentage of your program's participants come from the following settings? (Total should equal 100%)

_____ % Rural _____ % Suburban _____ % Urban _____ % Inner City

3. What percentage of support services costs are paid by the students of your program?

_____ %

4. Please indicate the number of students registered for disability support services for which your program has provided an accommodation within the last year. Approximations are acceptable.

- | | |
|---|---------------------------------------|
| _____ Visual impairment or blindness | _____ Mental retardation |
| _____ Deafness/ hard of hearing | _____ Emotional/ behavioral disorders |
| _____ Orthopedic/ mobility disabilities | _____ Head injuries |
| _____ Speech/ language disorders | _____ Chronic illnesses |
| _____ Learning disabilities | _____ Other (please list) |

5. What percentages of the college's budget goes to your support services program?

_____ %

What is your approximate annual budget for DSS? _____

6. For questions 1-5, on what year are the data based? Please circle.

1995

1996

1997

1998

1999

7. At your college, how do you assess the impact of your recruitment efforts? (Or in other words, if your college launched a new plan to recruit students, how would you know if it was successful?)

8. Retention of students is important to colleges. What do you assess to know the benefits of your efforts to increase retention?

9. What do you count to know if more students are completing your college?

10. What do you measure to assess the transfer rate of your students to another college, university, or other postsecondary program?

Individual Accommodations Model (I AM)

Support Services Questionnaire

Background Information

College Name: _____

Name of support services program: _____

Street Address: _____

City, State and Zip Code: _____

Phone: _____ Fax: _____

Contact Person: _____

Who is the director of this program? _____

Personnel

Please fill in the appropriate **numbers** of part time and full time staff and faculty specifically budgeted under your college's disability support services.

Full Time		Part Time	
Faculty		Faculty	
Staff		Staff	

Please give examples of job titles of faculty who work with support services.

Please give examples of job titles of staff who work with support services.

I. We are interested in courses/activities specifically designed for groups of persons with disabilities. Please mark the courses that you provide.

- | | |
|--|---|
| <input type="checkbox"/> Assistive computer technology | <input type="checkbox"/> Personal skills |
| <input type="checkbox"/> Adapted sports/physical education | <input type="checkbox"/> Self advocacy training |
| <input type="checkbox"/> Career planning | <input type="checkbox"/> Study skills training |
| <input type="checkbox"/> College orientation | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Independent living/social skills training | <input type="checkbox"/> Test-taking strategies |
| <input type="checkbox"/> Job-seeking skills training | <input type="checkbox"/> Other _____ |

2. Please mark any of the following support services and accommodations that are available to meet the needs of students with disabilities.

<p style="text-align: center;"><u>Accommodations</u></p> <p><input type="checkbox"/> Alternative exam formats</p> <p><input type="checkbox"/> ASL interpreters</p> <p><input type="checkbox"/> Braille services</p> <p><input type="checkbox"/> Electronic reading machines</p> <p><input type="checkbox"/> FM listening systems</p> <p><input type="checkbox"/> Magnifiers</p> <p><input type="checkbox"/> Notetakers/Scribes</p> <p><input type="checkbox"/> Provide texts/lectures on diskette</p> <p><input type="checkbox"/> Private work areas</p> <p><input type="checkbox"/> Readers</p> <p><input type="checkbox"/> Specialized keyboards</p> <p><input type="checkbox"/> Spell checkers</p> <p><input type="checkbox"/> Tactile campus maps</p> <p><input type="checkbox"/> Talking calculators</p> <p><input type="checkbox"/> Tape recorders</p> <p><input type="checkbox"/> Taped texts</p> <p><input type="checkbox"/> Voice input software</p>	<p style="text-align: center;"><u>Services</u></p> <p><input type="checkbox"/> Accessible transportation</p> <p><input type="checkbox"/> Campus orientation</p> <p><input type="checkbox"/> Community outreach</p> <p><input type="checkbox"/> Course substitution</p> <p><input type="checkbox"/> Course waiver</p> <p><input type="checkbox"/> Disability-specific scholarships</p> <p><input type="checkbox"/> Extracurricular campus activities</p> <p><input type="checkbox"/> Job placement</p> <p><input type="checkbox"/> LD Diagnosis</p> <p><input type="checkbox"/> LD Screening</p> <p><input type="checkbox"/> Part-time status</p> <p><input type="checkbox"/> Peer support/counseling</p> <p><input type="checkbox"/> Referrals to local and national disability agencies</p> <p><input type="checkbox"/> Registration assistance</p> <p><input type="checkbox"/> Social Security tuition waiver</p> <p><input type="checkbox"/> Specialized LD tutoring</p> <p><input type="checkbox"/> Transfer assistance</p> <p><input type="checkbox"/> Transition services</p>	<p style="text-align: center;"><u>Professional Development</u></p> <p><input type="checkbox"/> Disability fact sheets</p> <p><input type="checkbox"/> Staff development</p> <p><input type="checkbox"/> Others _____</p> <p style="text-align: center;"><u>Equipment Adaptation</u></p> <p><input type="checkbox"/> Closed circuit television systems</p> <p><input type="checkbox"/> Computer screen readers</p> <p><input type="checkbox"/> Computer text magnifiers</p> <p><input type="checkbox"/> Learning center lab</p> <p><input type="checkbox"/> TDD's</p> <p><input type="checkbox"/> Others _____</p> <p style="text-align: center;"><u>Facilities</u></p> <p><input type="checkbox"/> Housing- on campus</p> <p><input type="checkbox"/> Housing- off campus</p> <p><input type="checkbox"/> Others _____</p> <p><input type="checkbox"/></p>
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3. Some students served in your program may not have English as their first language. Please list the 3 most frequent non-English languages and your percentage estimates (e.g. 15% Spanish).

English	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
Other languages	_____	_____ %
Total 100%		

4. Students' disabilities may influence their experiences in a number of college functions, activities, facilities, and services. As you examine the following list please identify any particular modifications that your office might make out of consideration for students with disabilities. Please feel free to attach pages of additional information if necessary.

- Some items on the list (e.g., student housing or campus transportation) may not be relevant to your setting, leave those blank.

Academic activities

Academic advising: _____

Course assignments: _____

Course instruction: _____

Course testing: _____

Degree requirements: _____

Enrollment: _____

Financial aid: _____

Graduation: _____

Labs and field work experiences: _____

Orientation to the college: _____

Placement testing: _____

Recruitment: _____

Registration: _____

Transfer and employment: _____

Student life activities

Campus transportation: _____

Community access: _____

Housing: _____

Recreational activities: _____

Social opportunities: _____

5. **Written Policies.** We want to identify examples of written policies that would serve as examples for other colleges as they develop their own. Please list materials from your college that we should review for examples (e.g., college handbook).

Accommodation Procedures

6. How are students involved in selecting accommodations?

7. Time required for selecting: _____

8. What are the basis for deciding accommodations or, in other words, given that several accommodations are available, what characteristics are used for deciding among the alternatives?

9. How are students trained in using the accommodations?

10. Time required for training: _____

11. How are the accommodations evaluated?

12. Time required for evaluating: _____

13. Please list the names of people you envision a members of your college's Site Implementation Team.

DSS Staff: _____

College administration: _____

Faculty: _____

Student(s): _____

14. What are the 3 most frequently used resources by your program (off-campus, state or national)? (e.g. AHEAD, DBTAC, NCALLD, etc.)

15. Please list and explain any other important characteristics or services that benefit students with disabilities at your college.

Thank you very much for your time!

Individual Accommodations Model (I AM)

Faculty/Staff Questionnaire

Background Information

Name: _____

College: _____

Phone: _____ Fax: _____ Email: _____

Gender Please mark.

_____ **Female** _____ **Male**

Ethnicity Please mark all that apply.

_____ **Hispanic or Latino** _____ **Not Hispanic or Latino**

Race Please mark all that apply.

_____ **American Indian or Alaska Native** _____ **Asian** _____ **Black or African American**

_____ **Native Hawaiian or Pacific Islander** _____ **White**

Employment Information

1. What is the name of the college program/department with which you are associated?

2. What is your "job title" and what is the focus of your primary role at the college?

Job Title: _____

Job Focus: _____

3. How many hours per week do you work in this capacity? _____ hours

4. What is your highest educational degree? Please circle one.

GED HS AA AS BA BS MA MS EdD/PhD Other

Knowledge of Disabilities

1. Who are the students who are the most challenging to assist? What is needed to meet these challenges better?

2. We want to highlight your college's strengths and services for students with disabilities. Please describe what you believe are particularly strong features of the college (e.g. particular services, policies, facilities, equipment, accessibility, etc.) worth replicating in other colleges.

3. Describe the most beneficial experiences you have had in learning how to understand and assist students with disabilities.

4. What are the greatest obstacles to helping students with disabilities at your college?

5. What are the most important products for our project to develop in order to increase recruitment, retention, completion, and graduation or transfer of students with disabilities?

6. What do you believe are the most important features of any staff development program that might even reach those faculty and staff resistant to change?

7. What are the incentives for your college to recruit students with disabilities?

Thank you very much for your time!!

Individual Accommodations Model (I AM)

Faculty/Staff Interview Protocol

College: _____ Name: _____

Department: _____ Date: _____

Remembering stories of when....

We are interested in hearing about very specific, factual incidents which have special significance to you. The general aim of hearing about your incidents is to help us improve the success of students with disabilities to attend community colleges, complete their studies, and graduate or transfer.

Academic activities

Recruitment

Registration

Financial aid

Academic advising

Enrollment

Orientation

Placement testing

Course instruction

Labs and field work experiences

Course testing

Course assignments

Degree requirements

Graduation

Transfer and employment

Student life activities

Housing

Campus transportation

Recreational activities

Social opportunities

Looking for Examples of Strengths/Weakness/Priorities

1. Physical environment accessibility: Curb cuts, tactile maps, visual alarms, Braille signage
2. Informational environment accessibility: Print materials, oral communications, information technologies
3. Programmatic/policy environment accessibility: academic load minimums, equal opportunity policies, designated staff accountable for disability related access
4. Attitudinal environment accessibility: stereotypes, perceptions, and treatment

How are students involved in setting the college's policies regarding disabilities?
What would you like to see?

How does the college evaluate the quality of the services and accessibility of the campus to students with disabilities? Have you been involved in any of these evaluations? What would you like to see?

Individual Accommodations Model (IAM)

Student Questionnaire

Background Information

Name: _____ Age: _____

College: _____

Gender Please mark.

_____ **Female** _____ **Male**

Ethnicity Please mark all that apply.

_____ **Hispanic or Latino** _____ **Not Hispanic or Latino**

Race Please mark all that apply.

_____ **American Indian or Alaska Native** _____ **Asian**
_____ **Black or African American** _____ **Native Hawaiian or Pacific Islander**
_____ **White**

College Career and Future Plans

Please circle the number of years you have been enrolled in college.

< 1 1 2 3 4 5 **Other** _____

How many units/credits are you enrolled in this semester? _

How many total college semester units/credits have you earned? _____

What is your goal for attending this college? Please circle.

AA/AS Degree **Vocational Certificate** **Other** _____

Do you currently receive financial aid? **Yes No**

Please indicate your anticipated future plans after leaving college.

Education

Work

Other

___ Other 2-year college

___ Professional

Please specify: _____

___ 4 year college

___ Technical

___ specialized training

___ Clerical

___ Other _____

___ Armed forces

___ Don't know

___ Other _____

___ Don't know

Did you drop out of school between kindergarten and 12th grade?

Yes

No

Did you graduate from high school?

Yes

No

If no, did you earn a GED diploma?

Yes

No

Some students finish high school or complete the GED and wait awhile before starting college. Did you finish high school or GED and enroll in college within the same year? Please circle.

Yes (e.g. graduated from high school in May and started college in August)

No (e.g. graduated from high school and waited six or more months before starting college)

Are you a parent?

Yes

No

If yes, how many children do you have? _____

Are you financially independent?

Yes

No

Are you a client of Vocational Rehabilitation Services?

Yes

No

Do you receive supplemental security income (SSI)?

Yes

No

Do you receive social security disability income (SSDI)?

Yes

No

Have you ever lost your SSI or SSDI benefits?

Yes

No

Employment

Do you currently have a job? **Yes** **No**

If yes, how many hours do you usually work per week during school? _____

What is your job title? _____

What are your job duties? _____

Is your job considered full-time or part-time? **Full-time** **Part-time**

Is your salary below, at or above the minimum wage of \$5.15/hr?

Below At Above

What are your job benefits? Please mark all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Promotion | <input type="checkbox"/> Sick leave |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Life insurance | <input type="checkbox"/> Dental insurance |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Profit sharing | <input type="checkbox"/> Free meals |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Job training | <input type="checkbox"/> Other: _____ |

Family Background

How much education did your parents complete? Please mark those that apply.

<u>Father</u>	<u>Level of education</u>	<u>Mother</u>
_____	Less than high school	_____
_____	HS diploma/GED	_____
_____	Some college	_____
_____	College graduate	_____
_____	Post graduate degree	_____

With whom do you live now? Please mark all that apply.

- Mother Father Step mother Step father
 Alone Spouse Friend/ roommate Significant other
 Children Other family Foster parents Other _____

Do you live in a house, apartment or do you have some other living arrangement?
Please circle.

House **Apartment** **Dormitory** **Boarding or rooming house**

Other _____
Social Activity Information

Do you have a current driver's license? Yes No

How do you mostly travel around the community? Please circle one.

Own car **Parent's car** **Bike** **Bus** **Friends drive**
Wheelchair
Walk **Other** _____

Think of your three best friends in high school and answer the following questions with them in mind. Write in 0, 1, 2, or 3.

How many are currently in high school? _____ of three are in high school

How many dropped out of high school? _____ of three dropped out

How many are/were in a GED program? _____ of three in a GED program

How many graduated from high school or completed their GED? _____ of three graduated

How many attended college? _____ of three attended college

How many attended a vocational or technical school? _____ of three attended Vo-tech

Besides classes, colleges have a number of other activities. In what activities do you or did you **regularly** participate? Please mark all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Student government | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Varsity sports | <input type="checkbox"/> Intramural sports | <input type="checkbox"/> Music |
| <input type="checkbox"/> Dean's list | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> Vocational clubs |
| <input type="checkbox"/> Academic clubs | <input type="checkbox"/> Others _____ | _____ |

Do you belong to any clubs or organizations that are **separate** from school? **Yes** **No**

If yes, in which one are you the most active? _____

Think back over the past **two weeks**. What are some activities you did with your friends?

During the **past two weeks**, how many times did you attend or participate in each of the following? Please approximate and write a number in each space provided (0, 1, 2, 3...)

- | | |
|--|--|
| _____ Attend the movies | _____ Attend a sporting event |
| _____ Visit a museum | _____ Visit a public library |
| _____ Attend live theatre | _____ Attend concerts |
| _____ Attend religious activities | _____ Eat at a restaurant/carry out |
| _____ Extended travel out of town,
Distance _____ miles | _____ Other public function
(specify) _____ |

Disability Please mark the verified disability/disabilities that apply to you.

___ Visual impairment or blindness

___ Mental retardation

___ Deafness/hard of hearing

___ Emotional/behavioral disorders

___ Orthopedic/mobility disabilities

___ Head injuries

___ Speech/language disorders

___ Chronic illnesses

___ Learning disabilities

___ Other (specify)

Have you had a required course(s) waived because of your disability? **Yes**
No

If yes, which course(s)? _____

Have you had a course(s) substituted because of your disability? **Yes**
No

If yes, which course(s)? _____

Have you had a class assignment(s) waived because of your disability? **Yes**
No

If yes, which assignment(s)? _____

Have you had a substitute class assignment(s) because of your disability? **Yes**
No

If yes, which assignment(s)? _____

Please mark each area of difficulty that you experience at college.

___ Concentration

___ Reading

___ Daydreaming

___ Remembering

___ Distraction

___ Seeing things around the room

___ Following directions

___ Sitting still or in one place for very long

___ Getting along with others

___ Speaking to a crowd

___ Getting frustrated

___ Spelling

___ Getting into or around in the classroom

___ Staying on track

___ Getting my ideas across

___ Study habits

___ Getting used to changes in the classroom

___ Talking with the teacher and others

___ Hearing the teacher

___ Test anxiety

___ Letter/number reversals

___ Vocabulary

___ Mathematics

___ Working independently

___ Memory retrieval

___ Writing mechanics

___ Paying attention

___ Other _____

Please list one accommodation that you currently use in the classroom/academic setting.

(Answer the questions on the following pages in terms of this accommodation.)

Accommodations, Part One

Please circle your agreement with the following statements.

1. I am satisfied with the manner in which instructors/staff discuss my disability with me.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

2. I am satisfied that my disability related information is kept confidential.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

3. I was satisfied with the process used in selecting an accommodation for me.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

4. I am satisfied with the accommodation provided for me.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

5. I am satisfied with the training I received on my accommodation (if applicable).

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

6. I am satisfied with the effectiveness of my accommodation.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

When choosing/selecting an accommodation, how important to you are the following factors? Please circle the degree of importance; 1 being unimportant and 5 being very important.

Factors	<i>Unimportant</i>			<i>Very Important</i>	
Amount of training required	1	2	3	4	5
Appropriateness for different tasks	1	2	3	4	5
Availability of accommodation	1	2	3	4	5
Cost of accommodation to you	1	2	3	4	5
Cost of accommodation to your college	1	2	3	4	5
Ease of use	1	2	3	4	5
Effectiveness of accommodation	1	2	3	4	5
Increased independence	1	2	3	4	5
Currently or previously used by a student	1	2	3	4	5
Your own previous use of the accommodation	1	2	3	4	5
Social acceptance	1	2	3	4	5
Your disability	1	2	3	4	5
Use in various settings or portability	1	2	3	4	5

Accommodations, Part Two

What other accommodation(s) (other than the one previously mentioned) do you currently use or have you used in the past and were they effective for you? Please list the accommodation(s) and circle whether or not it was effective.

Accommodation	Effective for you?	
1.	yes	no
2.	yes	no
3.	yes	no
4.	yes	no
5.	yes	no
6.	yes	no

Please list 5 resources that would benefit you or other students with disabilities at your college. _____

Thank you very much for your time!!

IAM

Student Panel Protocol

(Panel Leader Version)

College _____ Date _____

Introductions
Project Description

Reimbursement

Confidentiality of information

Use of videotape
Consent forms

Discussion Questions

How long have you been a student at this college?
What interested you in attending this college?

Remembering stories of when...

We are interested in hearing about very specific, factual incidents which have special significance to you. The general aim of hearing about your incidents is to help us improve the success of students with disabilities to attend community colleges, complete their studies, and graduate or transfer.

Academic activities

Recruitment

Registration

Financial aid

Academic advising

Enrollment

Orientation

Placement testing

Course instruction

Labs and field work experiences

Course testing

Course assignments

Degree requirements

Graduation

Transfer and employment

Student life activities

Housing

Campus transportation

Recreational activities

Social opportunities

Looking for Examples of Strengths/Weakness/Priorities

Accessibility in four environments

1. Physical environment: Curb cuts, tactile maps, visual alarms, Braille signage
2. Informational environment: Print materials, oral communications, information technologies
3. Programmatic/policy environment: Academic load minimums, equal opportunity policies, designated staff accountable for disability related access
4. Attitudinal environment: Stereotypes, perceptions, and treatment

Accommodation Procedures

How were you involved in selecting accommodations?

Time required for selecting

What was the basis for deciding accommodations?

How were you trained in using the accommodations?

Time required for training

How were the accommodations evaluated?

Time spent in evaluation

How are students involved in setting the college's policies regarding disabilities? What would you like to see?

How does the college evaluate the quality of the services and accessibility of the campus to students with disabilities? Have you been involved in any of these evaluations? What would you like to see?



Individual Accommodations Model (I AM)

Administrator Interview Protocol

College _____ Person _____ Date _____

Accessibility Issues

Accessibility can be considered from many vantage points such as 1) physical, 2) informational, 3) policy, 4) procedures, and 5) attitudes. What's your sense about the campus faculty and staff attitudes regarding students with disabilities?

Staff development

What are the staff development opportunities for faculty in the areas associated with disability issues, accommodations for students, and disability student services?

What would be the best methods for educating faculty about disabilities and accommodations so they don't fall into a discrimination suit?

Priorities

What are the priority areas for work on the college's policies regarding disabilities?

What are the priorities for improving procedures regarding students with disabilities?

Evaluation

How does the college evaluate the quality of the services and accessibility of the campus to students with disabilities?

Budget

Most budgets are pretty tight and yet we know that services for students with disabilities can often be expensive. How do you balance those needs with the college's needs?

Documents to review

What documents should we be sure to review to understand the college's policies and procedures regarding disability issues and services to students?

Is a copy of your ADA self-study and transition plan available?

Assess success of recruitment, retention and completion

At your college, how do you assess the impact of your recruitment efforts? (Or in other words, if your college launched a new plan to recruit students, how would you know if it was successful?)

Retention of students is important to colleges. What do you assess to know the benefits of your efforts to increase retention?

What do you count to assess the degree completion rate at your college?

What do you measure to assess the transfer rate of your students to another college, university, or other postsecondary program?

IAM: Improving the Recruitment, Retention, and Completion of Students with Disabilities

Student Caseload Data Form

College _____

In the spaces below, please provide your best estimate or actual count of students identified in the DSS office. The first line is the total for each term. The last line is for students whose disabilities do not match the categories provided.

	Semester Year		
	Fall	Spring	Summer
Total DSS Case Load			
Mobility Impaired			
Visually Impaired			
Hearing Impaired			
Speech Impaired			
Learning Disabled			
Acquired Brain Injury			
Developmental Disability			
Psychological/Psychiatric Disability			
Attention Deficit Disorder			
Other Health Impaired			
Other Disabilities			



Individual Accommodations Model (I AM)

- Student Brochures Review & Evaluation -

University of Kansas
Division of Adult Studies

Introduction

With your thoughtful help, project staff developed several materials to help you increase the recruitment, retention, and completion of students with disabilities. We hope that you will provide us with your candid evaluation and suggestions for improving the materials. Our intent was to minimize your time requirements and have you concentrate on a particular material.

Please contact us if you have any questions: Noelle Kurth (pixie@ukans.edu) or Daryl Mellard (Dmellard@ukans.edu).

Directions

Below is a list of materials and survey questions. *Comment on **only** these materials.* Our suggestion is that you read through all of the questions before you start answering them.

If your comments apply to just one of the brochures, you could use the brochure's number (below) to indicate that reference.

<i>Number</i>	<i>Student Brochures</i>
1)	Self-Advocacy Brochure
2)	Rights and Responsibilities of Students with Disabilities (SWD) Brochure
3)	Accommodations for SWD Brochure
4)	The Grievance Procedure Brochure
5)	What is a Disability? Brochure
6)	A Parent's Guide Brochure

Use the backside of any page whenever you need additional space for your answers or attach a separate page.

Part I Rating Scale Evaluation

Please think about the **student brochures** and circle the number that best indicates your level of agreement with the statements that follow:

1. The materials are flexible enough to apply in my college.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
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2. The materials are easy to use.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
-------------------------------	----------------------------------	----------------------	-----------------------	-------------------	-------------------------------

3. The preparation time needed to use the materials is acceptable when compared to their usefulness.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
-------------------------------	----------------------------------	----------------------	-----------------------	-------------------	-------------------------------

4. The materials help students with disabilities.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
-------------------------------	----------------------------------	----------------------	-----------------------	-------------------	-------------------------------

5. The materials help students without disabilities.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
-------------------------------	----------------------------------	----------------------	-----------------------	-------------------	-------------------------------

6. Students with disabilities perceive these materials as useful.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
-------------------------------	----------------------------------	----------------------	-----------------------	-------------------	-------------------------------

7. Students without disabilities perceive these materials as useful.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

8. Achievement for students with disabilities improved as a result of using these materials.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

9. Achievement for students without disabilities improved as a result of using these materials.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

10. Students with disabilities improved their understanding of accommodations as a result of these materials.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

11. Students with disabilities improved their willingness to discuss their disability.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

12. The materials lead to an increased retention rate for students with disabilities.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

13. The materials lead to an increased retention rate for students without disabilities.

0	1	2	3	4	5
not applicable	strongly disagree	disagree	undecided	agree	strongly agree

14. Students with disabilities used the materials to help them achieve their goals.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
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15. Students without disabilities used the materials to help them achieve their goals.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
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16. I will continue using the materials.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
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17. I will recommend the materials to other programs.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
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18. I will recommend the materials to others if staff development was available.

0 not applicable	1 strongly disagree	2 disagree	3 undecided	4 agree	5 strongly agree
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Part II Narrative Evaluation

I. Product Content

Accuracy:

- 1. On what brochure did you find inaccurate information? The inaccuracy may be factual information or inference.

Pages	Description
_____	_____
_____	_____
_____	_____

Clarity:

- 2. Is additional clarity needed for the range of staff who might receive only the material without formal training or on-going support?

- 3. What do you recommend for any title change for these materials?

- 4. Is some information incomplete? What content needs additional information?

Pages	Description
_____	_____
_____	_____
_____	_____

Relevance:

- 5. What information is irrelevant to assisting students with disabilities in college programs?

Ease of use:

- 6. How's the readability level of materials for staff or parents? Please cite brochure pages and areas that need improvement.

Pages	Description
_____	_____
_____	_____

7. Are the pages at an appropriate reading level of difficulty for the students? What pages need to be changed?

Pages

Description

_____	_____
_____	_____
_____	_____

Sensitivity:

8. Some of the text may be offensive to staff or students. On what pages did you find offensive or insensitive content? Please describe what is offensive or insensitive.

Pages

Description

_____	_____
_____	_____

Priority:

9. What's the most important content for students to learn from this material?

Pages

Description

_____	_____
_____	_____
_____	_____
_____	_____

10. What was new or informative for you in these materials?

2. Product Format

Organization:

1. How should the materials be better organized?

Clarity:

2. What suggestions do you have for improving the format?

3. What's difficult about the current format of the materials? Do specific sections need format changes?

Durability:

4. How did the materials stand up to your use?

Packaging:

5. What should we do to improve the packaging?

3. Product Use

Barriers:

1. What do you see as a personal drawback to using this material?

2. What materials exist that do the same thing or have the same information as this material?

3. What is the major drawback to using this material and how do we correct it?

Financial cost:

4. How many copies of this brochure will a program like your program use during a year?
- _____ Self-Advocacy Brochure,
- _____ Rights and Responsibilities of Students with Disabilities Brochure,
- _____ Accommodations for Students with Disabilities Brochure,
- _____ The Grievance Procedure Brochure,
- _____ What is a Disability? Brochure,
- _____ A Parent's Guide Brochure

Staff development:

5. What support do staff need to implement this material?

6. How would you instruct staff about this material so they could implement it?

4. Product Benefits

Beneficiaries:

1. Who will benefit from this material? How will they benefit?

2. List your *personal* benefits of using the material.
