



SURVEY OF SERVICES

Date: _____

Why did you come to our office? (Please CIRCLE as many as necessary):

- General Advice Notary Services Ongoing Assistance with a Legal Matter
Assistance with a Specific Problem Reference Materials/Books/Pamphlets

Excellent Good Fair Poor

Finding about the Student Legal Services Office

- | | | | | |
|-------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Publicity about the existence of this office | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Clear understanding of the services provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Physical location on the campus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Contact with Student Legal Services Office

- | | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The wait for an appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Telephone courtesy of staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Adequate office hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Meeting with the Lawyer

- | | | | | |
|--------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Office wait | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Time allocated to discuss legal matter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Clear answers/ explanations provided by lawyer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Respect for your concerns or questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Encouraged to return to office and/or call with questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Professional office appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Courteous treatment by staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Adequate resources, publications and/ or handouts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments, suggestions, or recommendations for improvement?
