



Program Evaluation

How long were you an EOPS Student? _____

What was the most helpful service you received from EOPS and how did it help you? _____

What other services would you like EOPS to offer? _____

What change(s) would you recommend? _____

Please rate all of the following services. (Circle your choice.) If you have never used a particular service, please circle n/a.

	Very Poor	Poor	Good	Very Good	Superior	
Academic Success Workshops	1	2	3	4	5	n/a
Book Voucher service	1	2	3	4	5	n/a
Check Distributions	1	2	3	4	5	n/a
Child Care service	1	2	3	4	5	n/a
Counseling	1	2	3	4	5	n/a
Educational Plans	1	2	3	4	5	n/a
Emergency Loans	1	2	3	4	5	n/a
EOPS forms and information	1	2	3	4	5	n/a
EOPS Vista Newsletter	1	2	3	4	5	n/a
Help with personal problems	1	2	3	4	5	n/a
Help with the Financial Aid Office	1	2	3	4	5	n/a
Information about Mission College	1	2	3	4	5	n/a
Keeping Tabs Newsletter	1	2	3	4	5	n/a
Letters of recommendation	1	2	3	4	5	n/a
Priority Registration	1	2	3	4	5	n/a
Progress reports from instructors	1	2	3	4	5	n/a
Scholarships and other applications	1	2	3	4	5	n/a
Transfer information	1	2	3	4	5	n/a
Transportation service	1	2	3	4	5	n/a
Tutoring services	1	2	3	4	5	n/a
University Campus Tours	1	2	3	4	5	n/a

Are you currently employed in your career field? Yes No

Are you currently attending university? Yes No If yes, where? _____

If you have other ideas you would like to share, you may use the back of this paper. Your comments are extremely valuable to us, so please make use of this section. When finished please mail this form back to the EOPS Office in the given envelope; it would help us considerably in improving the program.

Thank you for your time.

The EOPS staff. (408) 855-5055.

Additional ideas:
