

# Student Support Services Semester Program Evaluation

**Instructions:** Complete and return Evaluation to the SSS office.

Semester: \_\_\_\_\_

- |   |            |          |
|---|------------|----------|
| 1. Did you benefit from the services provided by SSS?   | YES        | NO       |
| 2. Has the SSS staff been helpful with your needs for the semester?   | YES        | NO       |
| 3. Has SSS provided a climate for student advocacy?   | YES        | NO       |
| 4. Has participation in the SSS program helped you to continue as a student at Edison College?  | YES        | NO       |
| 5. Have you utilized SSS to improve your academic standings?  | YES        | NO       |
| 6. Did you meet with an SSS staff member at least three times this semester?<br>If yes, were those meetings helpful with your concerns and goals? | YES<br>YES | NO<br>NO |
| 7. Has the newsletter been helpful in keeping you informed?   | YES        | NO       |
| 8. Was the semester calendar useful in your planning?   | YES        | NO       |

## FINANCIAL AID THROUGH SSS

- |   |                   |                |
|---|-------------------|----------------|
| 9. Did you receive any financial assistance through SSS?<br>If yes, circle all those apply: PEER MENTORING ENRICHMENT SCHOLARSHIP   | YES               | NO             |
| 10. Did the financial assistance that SSS provided enrich your experience at Edison College?  | YES               | NO             |
| 11. Were you a peer mentor this semester?<br>If yes, was your time useful to your mentee?<br>Did you enjoy the experience working with another participant(s) in the program? | YES<br>YES<br>YES | NO<br>NO<br>NO |
| 12. Were you a mentee this semester?<br>If yes, was this beneficial to you as a student?<br>Did you enjoy the experience working with another participant(s) in the program?  | YES<br>YES<br>YES | NO<br>NO<br>NO |

Comments/Suggestions are appreciated: