



QUALITY SERVICE EVALUATION

Identify your age group:

Today's date: _____

- Under 18
- 18-24
- 25-31
- 32-38
- 39-45
- Over 45

Purpose of today's visit (Please check all that apply):

- General questions about Financial Aid
- FAFSA
- Work-study
- Loans
- Veteran Affairs
- Financial Aid Acceptance
- Other (please specify) _____

Rate your overall experience in the office by circling the number for each category below:

<i>Poor = 1</i>	<i>Fair = 2</i>	<i>Average = 3</i>	<i>Good = 4</i>	<i>Excellent = 5</i>
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Friendliness of Staff	1	2	3	4	5
Knowledge of Staff	1	2	3	4	5
Helpfulness of Staff	1	2	3	4	5
Timeliness and Efficiency	1	2	3	4	5
Overall Quality of Service	1	2	3	4	5

Were all your needs met? (Please circle) Yes No

Please make comments or suggestions on how we can improve our services.

Thank you for taking time to complete this evaluation sheet!
This information is not used in any way to determine your eligibility for financial aid.