

S.A.F.E. Transition Student Evaluation

Name: _____

Date: _____

High School: _____

Plan for Fall of 2006:

Did the S.A.F.E. Transition Program:

1. Increase your career awareness?

Yes, absolutely

Yes, somewhat

No, not really

No, not at all

2. Increase your awareness of your disability?

Yes, absolutely

Yes, somewhat

No, not really

No, not at all

3. Help you become aware of academic accommodations that you need?

Yes, absolutely

Yes, somewhat

No, not really

No, not at all

4. Help you understand how to get help at the college level?

Yes, absolutely Yes, somewhat No, not really No, not at all

5. Help you understand which offices can offer help or support?

Yes, absolutely Yes, somewhat No, not really No, not at all

6. Help you evaluate your readiness for college?

Yes, absolutely Yes, somewhat No, not really No, not at all

7. Help you learn about technology?

Yes, absolutely Yes, somewhat No, not really No, not at all

8. Which part(s) of this program were most useful? Why?

9. Which part(s) of this program were least useful? Why?

10. Which parts of this course could be improved? Why? How?

11. Would you recommend this course to others? Why/why not?