

Student Legal Services (“SLS”) Survey Form

Date: _____

Quarter (please circle): Fall Winter Spring Summer

Standing (please circle): Undergraduate Graduate Student Organization

Please summarize the issue/reason for your visit (e.g., “security deposit”, “traffic citation”): _____

How did you learn about SLS? (please circle) SLS website Facebook SLS e-mail UCSD staff
 UCSD faculty Other UCSD student Orientation/tabling/presentation Other (please specify) _____

Please consider your consultation with Student Legal Services and indicate your level of agreement with the following statements; Circling “1” means “Strongly Disagree”; “5” means “Strongly Agree.”

	Strongly DISAGREE					Strongly AGREE
I was treated in a friendly and respectful manner by SLS staff members.	1	2	3	4	5	
As a result of my consultation, I better understand the factual and legal issues relevant to my matter.	1	2	3	4	5	
As a result of my consultation, I feel better prepared to handle my issue/matter.	1	2	3	4	5	
The issue which made me seek help from SLS is adversely affecting my ability to focus on academics.	YES		NO			
[ANSWER ONLY IF YOU CIRCLED “YES” TO THE LAST QUESTION]: The assistance I received from SLS will help me succeed in school.	1	2	3	4	5	
I would come back to SLS if I had another legal issue or question.	1	2	3	4	5	

What were the most helpful aspects of using SLS? How could your experience with SLS have been more helpful to you?

Please return this completed form to the SLS front desk. Thank you for your time and effort in providing us feedback!