Students

Your opinion is important in helping the CARE team at Laramie County Community College improve its service in helping students receive the support they need. Please complete the survey below. Once the term is completed, all survey responses will be summarized and reported anonymously to the CARE team. Completing this survey is voluntary and we assure you that your responses are confidential.

What follows is a list of questions that assess how the CARE team has been utilized and rates how successful those services have been. Based on your experience over the past year, please answer the following questions.

	Please read and answer each question carefully
1	What is your age range O Under 21 O 21 to 24 O Over 24
2	Please indicate your marital status: O Single O Married O Divorced
3	 Which LCCC campus is your primary place of study: O Albany College Campus O Cheyenne O Eastern Laramie County O Online O Warren Air Force Base
4	What year of school are you in? O First Year O Second Year O Other
5	Do you live on or off campus? O On Campus O Off Campus
6	What is your current Employment Status O Employed O Not Employed O Retired O Unable to work
7	In the past year, have you worked with the LCCC CARE team? O Yes

2	Rate the level of the problem for which you were referred to the CARE team? O 1 Mild O 2 O 3 O 4 O 5 Severe/Chronic
3	Was the intervention help given by the CARE team appropriate? O Yes O No
4	If intervention was not appropriate, what could have been done different?
5	Was the intervention help given by the CARE team timely? O Yes O No
6	If intervention was not timely, what could have been done different?
7	How satisfied are you with you your experience with the LCCC CARE team? O Very Dissatisfied O Dissatisfied O Neutral O Satisfied O Very Satisfied
8	Would you recommend others in working with the LCCC CARE team? O Yes O No

O No

NO and I DON'T KNOW

In the past year, have you struggled with any of the following issues that also impacted your academic success at LCCC (mark all that apply):

O Financial Issues
O Illness/Surgery
O Family Issues; Health or Other
O Physical or Learning Disabilities
O Mental Illness
O Other

Did you seek help from any of the following for one of the
problems listed above (mark all that apply):
O Advisor
O Counselor
O Faculty
O Coach

O Disability Support Services

O Not Applicable