60-SECOND SURVEY: Did We Help?

Date __________________ Approximate time of day _______________________________

Visit was (check one):      pre-scheduled ____  walk-in ____  other ____

Purpose of visit (please specify): _________________________________
_____________________________________________________________________
_____________________________________________________________________

Class year (circle):  1L  2L  3L  LLM  Alum (Class of ____)

Was this your first visit?      Yes _____  No _____

Staff member you spoke with ____________________________________________

Please evaluate your interaction with that staff member:

➢ Attentive? STRONG YES____  YES____  SOMEWHAT____  NO____
➢ Knowledgeable? STRONG YES____  YES____  SOMEWHAT____  NO____
➢ Helpful to you? STRONG YES____  YES____  SOMEWHAT____  NO____

Comments on office environment_________________________________________

Other comments? _______________________________________________________
_____________________________________________________________________
_____________________________________________________________________

(OPTIONAL and only so we can help you most effectively!!)

Name _________________________________________________________________

Telephone_________________________  Email_______________________________

THANK YOU!

Please leave your completed form in the box provided.