

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.