

THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN
School of Education Offices
FALCON FEEDBACK FORM

Today's Date _____

The School of Education Offices/Certification value your opinion regarding the quality of services we offer. Your comments can help us better meet your needs. Please answer the questions on this form and include any suggestions for improvement. Thank you.

Please check all that apply:

I am a ___ student ___ faculty ___ staff ___ visitor ___ Freshman
 I am a ___ Sophomore ___ Junior ___ Senior ___ Post Baccalaureate

What was the purpose of your visit today?

- ___ Application to Teacher/Principal/Superintendent Certification
- ___ Post-Baccalaureate Certification
- ___ Teacher Certification/Testing Information
- ___ Application for admission into Teacher Certification Program
- ___ Application to Student Teach
- ___ Application for Probationary Certification
- ___ Issuance for TExES State test Bar Code
- ___ Issuance for TExES Pre-Test Authorization
- ___ Pick-up advising file
- ___ Assignment/Change of certification advisor
- ___ Field Placement Information

___ Other(specify): _____

Please respond to the statements below using the following scale:

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

I was treated in a courteous manner.	1	2	3	4	5
The assistance I received was prompt.	1	2	3	4	5
The information I received was helpful.	1	2	3	4	5
I was appropriately directed to another office (if applicable).	1	2	3	4	5
This feedback form was easily accessible.	1	2	3	4	5
I will use these services again.	1	2	3	4	5

Comments: _____

Would you like to have a department representative contact you? If so, please complete the information below.

Name: _____

Address: _____

Phone: _____

E-mail: _____