

**HARTNELL COLLEGE**  
**Extended Opportunity Program and Services & Cooperative Agencies Resources for Education**  
**PROGRAM EXIT SURVEY**

**Date of attendance at Hartnell:** \_\_\_\_\_ **Units completed:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_  
**Major/Certificate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Male:** \_\_\_\_\_  
*(\*\*Please note: Providing any demographic information is optional).*

**I plan to return in the Fall/Spring 20** \_\_\_\_\_ Yes No  
**I plan to graduate at the end of the Fall/Spring 20** \_\_\_\_\_ Yes No  
 If yes, I plan to receive my:    ( ) A.A./A.S. Degree    ( ) Certificate    ( ) Certificate of Skills

**I plan to transfer after Fall/Spring 20** \_\_\_\_\_ Yes No  
 If yes, list the name(s) of the university you plan to attend or that you have been accepted to:  
 \_\_\_\_\_

**I don't plan to attend Hartnell and/or participate in the EOPS/CARE program in Fall/Spring 20** \_\_\_\_\_,  
**because:** \_\_\_\_\_ I have completed my educational goal at Hartnell  
 \_\_\_\_\_ I am no longer eligible for the EOPS/CARE program  
 \_\_\_\_\_ I am working or plan to seek employment after this semester  
 \_\_\_\_\_ Financial difficulties prohibit me from enrolling in college next semester  
 \_\_\_\_\_ I have completed basic/job skills  
 \_\_\_\_\_ Personal Reasons  
 \_\_\_\_\_ Medical Reasons  
 \_\_\_\_\_ Other, please specify: \_\_\_\_\_

<b>Please rate the following EOPS/CARE services (circle one response)</b>					
	1=Excellent	2=Good	3=Average	4=Needs Improvement	N/A=Not Applicable
Overall EOPS Program Services	1	2	3	4	N/A
EOPS/CARE Orientation	1	2	3	4	N/A
Book Credit Services	1	2	3	4	N/A
Calculator Loan Service	1	2	3	4	N/A
Transfer Information	1	2	3	4	N/A
University Campus Tours and Field trips	1	2	3	4	N/A
Application Fee Waiver	1	2	3	4	N/A
Priority Registration	1	2	3	4	N/A
EOPS Student Recognition Ceremony	1	2	3	4	N/A
Counseling Services	1	2	3	4	N/A
Grant Services	1	2	3	4	N/A
EOPS/CARE Success Workshops	1	2	3	4	N/A
Peer Advising	1	2	3	4	N/A
Overall CARE Program Services	1	2	3	4	N/A
CARE Meal Voucher	1	2	3	4	N/A
CARE Bus Passes	1	2	3	4	N/A
CARE Parking Permit	1	2	3	4	N/A
CARE Student Recognition Ceremony	1	2	3	4	N/A

Complete Other Side →→→→→

**Do believe that the EOPS/CARE counseling sessions were helpful to you?** **Yes** **No**  
*Please Specify:*

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**Are receiving reminder notices and/or phone calls from Peer Advisors helpful?** **Yes** **No**  
*Please Specify:*

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**Does the EOPS/CARE office provide prompt and courteous services?** **Yes** **No**  
*Please Specify:*

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**Are you given current and accurate information regarding the EOPS/CARE program and/or services when you contact or visit the office?** **Yes** **No**  
*Please Specify:*

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**Do you feel you have enough privacy when asking questions in the office and/or while meeting with a counselor?** **Yes** **No**  
*Please Specify:*

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**How can the EOPS/CARE program and/or services improve?**  
*Please Specify:*

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**Which components do you like most about the EOPS/CARE program and/or services?**  
*Please Specify:*

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