**Department Exit Survey** [ESS Sample Template]

Thank you for visiting [department]! Please take a moment to provide feedback on your visit.

1. **How did you first learn about this department?**
* From a faculty or staff member
* From another student
* From a family member
* From a WWU email
* Social media (Facebook, Instagram, Twitter)
* WWU Website
* Other

*If “other,” please specify:*

1. **Which aspects of your visit today were positive?** (check all that apply)
* Scheduling your appointment
* Visiting the office
* Checking in at the front desk
* Meeting with a staff member
* Resources available to students
* Other

*If “other,” please specify:*

1. **Which aspects of your visit today could be improved?** (check all that apply)
* Scheduling your appointment
* Visiting the office
* Checking in at the front desk
* Meeting with a staff member
* Resources available to students
* Other

*If “other,” please specify:*

1. **Did you experience any of the following barriers in accessing the programs or services of this department?** (check all that apply)
* Attitudinal barriers*:* stereotypes or assumptions that limit your opportunities or offend your dignity
* Informational or communications barriers: barriers that prevent you from accessing or understanding information
* Physical barriers: barriers that prevent or restrict your access to physical spaces
* Technology barriers: barriers that prevent you from accessing digital services or tools
* Systemic barriers: barriers resulting from policies, procedures, or processes
* Other barriers: please explain below
* No barriers: I did not experience any barriers

*If you experienced one or more of these barriers, please explain (optional):*

1. **Did you experience a sense of belonging in your interactions with the staff of this department?**

A sense of belonging includes feeling welcomed, accepted, respected, and valued.

* I experienced a strong sense of belonging
* I experienced a moderate sense of belonging
* I experienced a limited sense of belonging
* I did not experience a sense of belonging

*If you experienced a limited sense or did not experience a sense of belonging, please explain (optional):*

1. **Would you recommend our services to other students?**
* Yes
* Maybe
* No

*If “maybe” or “no,” please explain (optional):*

1. **If you would like to provide additional feedback, please comment below:**

*Thank you for your feedback*!