

**Student Consult Survey (Confidential)**

*Please complete the following questions based on your CURRENT understanding of legal processes, rights, duties, and responsibilities pertaining to your legal situation.*

*Please fill in each bubble completely which best captures your response/feeling.*

**PART 1: COMPLETE QUESTIONS 1 - 4 BEFORE MEETING WITH AN ATTORNEY**

- |  |                         |                         |                         |                         |                         |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
|  | None                    | Minimal                 | Moderate                | Significant             | Expert                  |
| 1. What is your current level of understanding/knowledge regarding your legal situation? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
|  | Yes                     | No                      |                         |                         |                         |
| 2. Is your legal concern affecting your ability to focus on your studies?                | <input type="radio"/> Y | <input type="radio"/> N |                         |                         |                         |
|  | Male                    | Female                  | Decline to State        |                         |                         |
| 3. What is your Gender?  | <input type="radio"/> M | <input type="radio"/> F | <input type="radio"/> D |                         |                         |
|  | Freshman                | Sophomore               | Junior                  | Senior                  | Graduate Student        |
| 4. What is your classification?  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

**PART 2: COMPLETE QUESTIONS 5 - 8 AFTER YOU CONSULT WITH AN ATTORNEY**

- |  |                         |                         |                         |                         |                         |
|--|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
|  | Yes                     | No                      |                         |                         |                         |
| 5. Do you feel as though you know more about the legal process NOW than you did before you came to this office?                          | <input type="radio"/> Y | <input type="radio"/> N |                         |                         |                         |
|  | None                    | Minimal                 | Moderate                | Significant             | Expert                  |
| 6. If YES, please indicate what you believe is your current level of understanding/knowledge of your legal situation.                    | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
|  | Yes                     | No                      | N/A                     |                         |                         |
| 7. Do you understand what your next step is?   | <input type="radio"/> Y | <input type="radio"/> N | <input type="radio"/> * |                         |                         |
|  | Yes                     | No                      |                         |                         |                         |
| 8. Did the assistance you receive from Student Legal Services enhance your ability to focus on your studies and remain a student at UNT? | <input type="radio"/> Y | <input type="radio"/> N |                         |                         |                         |

**FOR STUDENT LEGAL SERVICE OFFICE USE ONLY:**

J    F    M    A    M    J    J    A    S    O    N    D