AZERBAIJAN TECHNICAL UNIVERSITY | STUDENT SUPPORT SERVICES

# Support Center for Minority Groups — Feedback Form

**Anonymous service experience and improvement feedback. No name or student ID is required.**

Academic year: 2025–2026 | Form version: 1.0 | Date: _____

**Purpose:** to evaluate service accessibility, responsiveness, confidentiality and effectiveness. Please do not include names, diagnoses, or identifiable details in open-text answers. Participation is voluntary and does not affect access to services.

## A Your experience

☐ I used this Centre's services during 2025–2026.

☐ I know about the Centre but have not used its services.

☐ I am providing general feedback about accessibility or awareness.

## B Services experienced (select all that apply)

☐ Information and initial consultation

☐ Guidance / referral to another university unit

☐ Mentoring, orientation or awareness activity

☐ Inclusion or equal-participation support

☐ Language / social integration support

## C Rate your experience

**Scale:** 1 = strongly disagree; 2 = disagree; 3 = neutral; 4 = agree; 5 = strongly agree; N/A = not applicable.

| Statement | Rating (circle one) |
|---|---|
| Information about the Centre was easy to find. | 1 2 3 4 5 N/A |
| It was easy to contact the Centre and request help. | 1 2 3 4 5 N/A |
| I received a timely response. | 1 2 3 4 5 N/A |
| Staff treated me respectfully and without discrimination. | 1 2 3 4 5 N/A |
| My privacy and confidentiality were respected. | 1 2 3 4 5 N/A |
| The guidance or support was clear and useful. | 1 2 3 4 5 N/A |
| My needs and preferences were considered. | 1 2 3 4 5 N/A |
| The Centre helped me feel included in university life. | 1 2 3 4 5 N/A |
| The service helped reduce a barrier to participation. | 1 2 3 4 5 N/A |
| I know how to request further help or submit a concern. | 1 2 3 4 5 N/A |

## D Overall assessment

**Overall satisfaction:** ☐ Very dissatisfied ☐ Dissatisfied ☐ Neutral ☐ Satisfied ☐ Very satisfied

**Would you recommend the Centre to another student?** ☐ Yes ☐ No ☐ Not sure

## E Suggestions and improvement

**What worked well?**

**What barrier or difficulty remains?**

**What should the Centre improve or organise next year?**

**Optional:** If you want a personal response, submit a separate support application. Please do not add contact details to this anonymous form.