



PDQ Leadership Survey

Name: _____
(Please **PRINT** your first and last name.)

Your Student Number: _____

Email Address: _____

School or Organization: _____

Your major as of today (Check one):

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Gender:

- Male
 Female

Ethnicity / Citizenship: (Check a maximum of two)

- Black/African American
 American Indian/Alaskan Native
 Asian & Pacific American
 Latina/Latino/Hispanic American
 White American
 Foreign National on student visa
 Foreign National/U.S. Resident (green card)
 Other: _____

As of today, I am a: (Choose one)

- First-year Student
 Second-year Student
 Third-year Student
 Fourth-year Student
 Fifth-year Student

Print Student Number:

Today's Date _____

1. Name of Today's Activity: _____

2. Your role in today's activity: Assisted with Activities Activity Leader Project Coordinator
 Other: _____

3. My goals for participation in today's program were: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Meet faculty and/or administrators | <input type="checkbox"/> Meet other students in |
| <input type="checkbox"/> Help me with career and job search skills | <input type="checkbox"/> Make friends |
| <input type="checkbox"/> Feel more part of | <input type="checkbox"/> Learn about |
| <input type="checkbox"/> Find other women students to study with | <input type="checkbox"/> Help me to do well in my studies |
| <input type="checkbox"/> Get/seek advice from other women students | <input type="checkbox"/> Help me decide on a major |
| <input type="checkbox"/> Keep in touch with the
on campus | <input type="checkbox"/> Meet other women students |
| <input type="checkbox"/> Help me succeed with particular
coursework | <input type="checkbox"/> To make a difference in my community |
| <input type="checkbox"/> Other; please specify:
_____ | |

3a. Were your goals met by your participation in today's activity? Yes No

3b. If no, please tell us how we can improve the activity to better meet your goals:

4. How would you describe your level of participation in activities during the academic year? (Choose one)

- Very active – participate at least twice a month
- Active – participate at least once a month
- Somewhat active - participate at least once a semester
- Minimally active – participate less than once a semester
- This is the first time I have participated in a women in engineering activity

5. How do you rate the overall effectiveness of today's activity? (Choose one)

- Very effective
- Effective
- Somewhat effective
- Minimally effective
- Not effective

Print Student Number:

6. **Directions:** Please respond to these items that will help us improve the activity that you participated in. For items below indicate whether you **Strongly Disagree (0)**, **Disagree (1)**, are **Neutral (2)**, **Agree (3)**, or **Strongly Agree (4)** by circling the appropriate number.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. The people organizing the activity adequately supported me in fulfilling my assigned duties.	0	1	2	3	4
B. If I needed help in solving problems during the activity, it was readily available.	0	1	2	3	4
C. I had adequate information about the activity and my role in order to do a good job.	0	1	2	3	4
D. I had adequate training to prepare me to effectively perform my leadership role.	0	1	2	3	4
E. From my point of view, the students I led are satisfied with my performance.	0	1	2	3	4
F. From my point of view, the students I led found participation worthwhile.	0	1	2	3	4
G. This activity was well organized.	0	1	2	3	4
H. This activity should be offered again.	0	1	2	3	4
I. My participation in this activity led me to a better understanding of	0	1	2	3	4
J. My participation in this activity led to a fuller exploration of my own career goals.	0	1	2	3	4
K. My participation in this activity makes me more confident in my ability to succeed in	0	1	2	3	4

Print Student Number:

7. Please respond to the following 2-part question regarding your participation today.

7a) What was effective about the way today's activity was organized?

7b) What did you learn by participating in today's activity?

7c) What needs to be improved the next time this activity is offered? We want to know so please be honest!

8. Will you recommend participation as a leader in this activity to other students? Yes No
Please explain why or why not:

9. If you liked this activity, help us advertise! In a commercial, I would say “

10. What topics would you like to see addressed at future activities?

Thank you for completing this survey!