



PDQ Participant 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"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <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

Today's Date _____

1. Name of Activity: _____

2. Your role in this activity: Participant Other _____

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

- | | |
|--|---|
| <input type="checkbox"/> Meet women faculty | <input type="checkbox"/> Meet other engineering students |
| <input type="checkbox"/> Meet other women engineering students | <input type="checkbox"/> Make friends |
| <input type="checkbox"/> Feel more part of the college of engineering | <input type="checkbox"/> Learn about engineering |
| <input type="checkbox"/> Find other women engineering students to study with | <input type="checkbox"/> Help me to do well in my engineering studies |
| <input type="checkbox"/> Get/seek advice from upper division women engineering students | <input type="checkbox"/> Help me decide on an engineering major |
| <input type="checkbox"/> Keep in touch with the WIE (Women in Engineering) program on campus | <input type="checkbox"/> Help me with career and job search skills |
| <input type="checkbox"/> Help me succeed with particular engineering or engineering-related (e.g. math, physics, chemistry) 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 current 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 an 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 the 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 instructions and information I received during the activity were helpful.	0	1	2	3	4
B. The information I received about the activity <u>before</u> it began prepared me adequately for participation.	0	1	2	3	4
C. If I needed help in solving a problem or had a question during the activity, help was readily available.	0	1	2	3	4
D. The student leaders for this activity were well prepared.	0	1	2	3	4
E. The student leaders for this activity were well informed.	0	1	2	3	4
F. My participation in this activity led me to a better understanding of	0	1	2	3	4
G. My participation in this activity led to a better understanding of my own career goals.	0	1	2	3	4
H. My participation in this activity makes me more confident in my ability to succeed in	0	1	2	3	4
I. This activity was well organized.	0	1	2	3	4
J. This activity should be continued.	0	1	2	3	4
K. I would participate in this activity again.	0	1	2	3	4

Print Student Number:

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

7a) What was the most effective part of today's activity?

7b) Did you learn anything by participating in today's activity? If yes, what?

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

9. What needs to be improved the next time this activity is offered? We'd really like to know so please be honest.

10. What topics would you like to see addressed at future events and career development sessions?

Thank you for completing this survey!