

# The Community College Student Report 2003

**1** In your experiences at this college during the current school year, about how often have you done each of the following? Please use a black or blue pen. Mark your answers as shown in the following example. Example:  or

	Very Often	Often	Some-times	Never
a. Asked questions in class or contributed to class discussions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Made a class presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prepared two or more drafts of a paper or assignment before turning it in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worked on a paper or project that required integrating ideas or information from various sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Come to class without completing readings or assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Worked with other students on projects during class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Worked with classmates outside of class to prepare class assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Tutored or taught other students (paid or voluntary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Participated in a community-based project as a part of a regular course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Used an electronic medium (list-serv, chat group, Internet, etc.) to discuss or complete an assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Used e-mail to communicate with an instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Discussed grades or assignments with an instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Talked about career plans with an instructor or advisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Discussed ideas from your readings or classes with instructors outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Received prompt feedback (written or oral) from instructors on your performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Worked harder than you thought you could to meet an instructor's standards or expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Worked with instructors on activities other than coursework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Discussed ideas from your readings or classes with others outside of class (students, family members, co-workers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Had serious conversations with students of a different race or ethnicity other than your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Had serious conversations with students who differ from you in terms of their religious beliefs, political opinions, or personal values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2** During the current school year, how much has your coursework at this college emphasized the following mental activities?

	Very much	Quite a bit	Some	Very little
a. Memorizing facts, ideas, or methods from your courses and readings so you can repeat them in pretty much the same form	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Analyzing the basic elements of an idea, experience, or theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Synthesizing and organizing ideas, information, or experiences in new ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Making judgments about the value or soundness of information, arguments, or methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Applying theories or concepts to practical problems or in new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using information you have read or heard to perform a new skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3** During the current school year, about how much reading and writing have you done at this college?

	None	1 to 4	5 to 10	11 to 20	More than 20
a. Number of assigned textbooks, manuals, books, or book-length packs of course readings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Number of books read on your own (not assigned) for personal enjoyment or academic enrichment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Number of written papers or reports of any length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4** Mark the box that best represents the extent to which your examinations during the current school year have challenged you to do your best work at this college.

Extremely Challenging	7	6	5	4	3	2	1	Extremely Easy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**5** Which of the following have you done, are you doing, or do you plan to do while attending this college?

	I Have Done	I Plan To Do	I Have Not Done, Nor Plan To Do
a. Internship, field experience, co-op experience, or clinical assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Coursework in a foreign language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Study abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. English as a second language course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Developmental/remedial reading course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Developmental/remedial writing course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Developmental/remedial math course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Study skills course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Honors course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. College orientation program or course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Organized learning communities (linked courses/study groups led by faculty or counselors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6** How much does this college emphasize each of the following?

	Very much	Quite a bit	Some	Very little
a. Encouraging you to spend significant amounts of time studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing the support you need to help you succeed at this college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraging contact among students from different economic, social, and racial or ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helping you cope with your non-academic responsibilities (work, family, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Providing the support you need to thrive socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providing the financial support you need to afford your education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using computers in academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7 About how many hours do you spend in a typical 7-day week doing each of the following?**

	None	1 to 5	6 to 10	11 to 20	21 to 30	More than 30
a. Preparing for class (studying, reading, writing, rehearsing, doing homework, or other activities related to your program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Working for pay on campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working for pay off campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Participating in college-sponsored activities (organizations, campus publications, student government, intercollegiate or intramural sports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Providing care for dependents living with you (parents, children, spouse, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Commuting to and from classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8 Mark the box that best represents the quality of your relationships with people at this college.**

Your relationship with:

a. <u>Other Students</u>	b. <u>Instructors</u>	c. <u>Administrative Personnel &amp; Offices</u>
Friendly, supportive, sense of belonging	Available, helpful, sympathetic	Helpful, considerate, flexible
7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Unfriendly, unsupportive, sense of alienation	Unavailable, unhelpful, unsympathetic	Unhelpful, inconsiderate, rigid

**9 How much has YOUR EXPERIENCE AT THIS COLLEGE contributed to your knowledge, skills, and personal development in the following areas?**

	Very much	Quite a bit	Some	Very little
a. Acquiring a broad general education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Acquiring job or work-related knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Speaking clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thinking critically and analytically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Solving numerical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using computing and information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Working effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Learning effectively on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Understanding yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Understanding people of other racial and ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Developing a personal code of values and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Contributing to the welfare of your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Developing clearer career goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Gaining information about career opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10** This section has three parts. Please answer all three sections, indicating (1) HOW OFTEN you use the following services, (2) HOW SATISFIED you are with the services, and (3) HOW IMPORTANT the services are to you AT THIS COLLEGE.

	(1) FREQUENCY OF USE				(2) SATISFACTION				(3) IMPORTANCE		
	Often	Some- times	Rarely/ Never	Don't know/ N.A.	Very	Some- what	Not at all	N.A.	Very	Some- what	Not at all
a. Academic advising/planning	<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"/>
b. Career counseling	<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"/>
c. Job placement assistance	<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"/>
d. Peer or other tutoring	<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"/>
e. Skill labs (writing, math, etc.)	<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"/>
f. Child care	<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"/>
g. Financial aid advising	<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"/>
h. Computer lab	<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"/>
i. Student organizations	<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"/>
j. Transfer credit assistance	<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"/>
k. Services for people with disabilities	<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"/>

**11** How likely is it that the following issues would cause you to withdraw from class or from this college? (Please respond to each item)

	Very Likely	Likely	Somewhat Likely	Not Likely
a. Working full-time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Caring for dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Academically unprepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Educational goals changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Change in career plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Moving/relocating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Transfer to a 4-year college or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12** In terms of attending this college, how do you think of yourself? (Mark only one)

**If employed:**

- Primarily as a student working to meet expenses
- Primarily as an employee who is taking classes

**If not employed:**

- Primarily as a student who is taking classes
- Primarily as someone other than a student, e.g., parent, retiree, job-seeker who is taking classes

**13** How supportive are your friends of your attending this college?

- Extremely
- Quite a bit
- Somewhat
- Not very

**14** How supportive is your immediate family of your attending this college?

- Extremely
- Quite a bit
- Somewhat
- Not very

**15** Indicate which of the following are your reasons/goals for attending this college? (Please respond to each item)

	Primary goal	Secondary goal	Not a goal
a. To complete a certificate program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To obtain an Associate degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To transfer to a 4-year college or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To obtain job-related skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. To update job skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. To take one or more courses for self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. To change careers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. To obtain knowledge in a specific area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**16** Indicate which of the following are sources you use to pay your tuition at this college? (Please respond to each item)

- |   | Major<br>source<br>▼     | Minor<br>source<br>▼     | Not a<br>source<br>▼     |
|---|--------------------------|--------------------------|--------------------------|
| a. My own income/savings                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Parent or spouse/<br>significant other's<br>income/savings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Employer contributions                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Grants & scholarships                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Student loans (bank, etc.)                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Public assistance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**17** Did you begin college at this college or elsewhere?

- Started here       Started elsewhere

**18** Since high school, which of the following types of schools have you attended other than the one you are now attending? (Please mark all that apply)

- Proprietary (private) school or training program  
 Public vocational-technical school  
 Another community or technical college  
 4-year college or university  
 None

**19** Thinking about this current academic term, how would you characterize your enrollment at this college?

- Full-time       Less than full-time

**20** When do you plan to take classes at this college again?

- I will accomplish my goal(s) during this term and will not be returning  
 Summer 2003  
 Fall 2003  
 Winter/Spring 2004  
 I have no current plan to return  
 Uncertain

**21** In how many classes are you presently enrolled at this college?

- 1 class       2 classes  
 3 classes       4 classes  
 5 classes       6 classes or more

**22** At this college, in what range is your overall college grade average?

- A       A- to B+       B  
 B- to C+       C       C- or lower  
 Do not have a GPA at this school  
 Pass/fail classes only

**23** When do you most frequently take classes at this college? (Mark one only)

- Day classes (morning or afternoon)  
 Evening classes  
 Weekend classes

**24** Which types of classes do you most frequently take at this college? (Mark one only)

- Classroom based courses  
 Internet based courses  
 Correspondence courses  
 Televised courses

**25** How many TOTAL credit hours have you earned at this college, not counting the courses you are currently taking this term?

- none       1-14 credits  
 15-29 credits       30-44 credits  
 45-60 credits       over 60 credits

**26** At what other types of institutions are you taking classes this term? (Please mark all that apply)

- None  
 High school  
 Another community or technical college  
 Vocational/technical school  
 4-year college/university  
 Other

**27** How many classes are you presently taking at OTHER institutions?

- None       1 class       2 classes  
 3 classes       4 classes or more

**28** Would you recommend this college to a friend or family member?

- Yes       No

**29** How would you evaluate your entire educational experience at this college?

- Excellent    Good    Fair    Poor

**30** Do you have children who live with you?

- Yes    No

**31** If you have children living with you, which of the following best describes your child care situation? *(Mark one only)*

- Not applicable/no children  
 I do not have children that need child care  
 I have excellent child care  
 I have child care but it is inconsistent  
 Child care is difficult to arrange/hard to find  
 Child care is a major issue for me

**32** Mark your age group.

- 17 or younger  
 18    19 to 22    23 to 25    26 to 29  
 30 to 39    40 to 49    50 to 59    60 plus

**33** Your sex:    Male    Female

**34** Are you married?    Yes    No

**35** Is English your native (first) language?

- Yes    No

**36** Are you an international student or foreign national?

- Yes    No

**37** What is your racial identification? *(Mark all that apply)*

- American Indian or other Native American  
 Asian, Asian American or Pacific Islander  
 Native Hawaiian  
 Black or African American  
 White, Non-Hispanic  
 Hispanic, Latino, Spanish  
 Other:

**38** What is the highest academic credential you have earned?

- None  
 High school diploma or GED  
 Vocational/technical certificate  
 Associate degree  
 Bachelor's degree  
 Master's/doctoral/professional degree

**39** What is the highest level of education obtained by your:

- |  | Mother                   | Father                   |
|--|--------------------------|--------------------------|
| a. Not a high school graduate            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. High school diploma or GED            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Some college, did not complete degree | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Associate degree                      | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Bachelor's degree                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Master's degree/<br>1st professional  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Doctorate degree                      | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Unknown                               | <input type="checkbox"/> | <input type="checkbox"/> |

**40** Using the list provided, please write the code indicating your program:

--	--	--	--	--	--	--	--	--	--

**41** Have you taken this survey in another class this term?

- Yes    No

Your responses will remain confidential and individual responses will not be reported.

Please provide your student identification number (OPTIONAL)

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### Additional Items

- |    | A                        | B                        | C                        | D                        | E                        |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for sharing your views.