

The Community College Student Report 2001

1 In your experiences at this college during the current school year, about how often have you done each of the following? Mark your answers in the boxes. Example: or

	Very Often	Often	Some-times	Never
a. Asked questions in class or contributed to class discussions	<input 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. Came 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Participated in a community-based project as a part of a regular course	<input checked="" 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 email 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, coworkers, 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 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, to what extent 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 5 ▼	6 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?

	Yes ▼	No ▼	Undecided ▼
a. Internship, field experience, co-op experience, or clinical assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Learning through active participation in a community service project as a class requirement (service learning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work on a project with a faculty member outside of course or program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Coursework in a foreign language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Study abroad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. English as a second language course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Developmental reading course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Developmental writing course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Developmental math course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Study skills course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Honors course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Orientation or college success course or program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Organized learning communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 To what extent 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"/>

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

	Hours per week					
	None	1 to 5	6 to 10	11 to 20	21 to 30	More than 30
a. Preparing for class (studying, reading, writing, rehearsing 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. Relaxing and socializing (watching TV, partying, exercising, playing computer and other games, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 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"/>
g. Commuting to and from classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Participating in community organizations, church groups, politics, etc.	<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 & 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 To what extent 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. Voting in local, state, or national elections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Learning effectively on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Understanding yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Understanding people of other racial and ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 (continued) To what extent 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 ▼
m. Developing a personal code of values and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Contributing to the welfare of your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Developing clearer career goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. 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 IMPORTANT the services are to you, and (3) HOW SATISFIED you are with the services AT THIS COLLEGE.

	(1) FREQUENCY OF USE				(2) IMPORTANCE			(3) SATISFACTION			
	Often	Some- times	Rarely/ Never	Don't Know/ N.A.	Very	Some- what	Not at all	Very	Some- what	Not at all	N.A.
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. Personal 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"/>
d. 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"/>
e. 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"/>
f. 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"/>
g. 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"/>
h. 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"/>
i. 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"/>
j. 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"/>
k. 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"/>
l. 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 In terms of attending this college, how do you think of yourself? (Mark only one)

- Primarily as a student who is employed
- Primarily as an employee who is going to college
- Primarily as a parent who is going to college
- Primarily as a student

12 How supportive are your friends of your attending this college?

- Extremely
- Somewhat
- Quite a bit
- Not very

13 How supportive is your immediate family of your attending this college?

- Extremely
- Somewhat
- Quite a bit
- Not very

14 Have you made one or more new friends at this college?

- Yes
- No

15 How often do you use the Internet or World Wide Web for class projects or assignments?

- Never
- Once a month
- Several times a week
- Several times a year
- Once a week
- Daily

16 Where do you have access to a computer with an Internet connection to do school work? (Mark all that apply)

- Home
- On-Campus
- Work/Office
- Web-café

Other:

17 What issues would force you to withdraw from class or from this college? (Please respond to each item)

	Yes ▼	No ▼
a. Working full-time	<input type="checkbox"/>	<input type="checkbox"/>
b. Caring for dependents	<input type="checkbox"/>	<input type="checkbox"/>
c. Academically unprepared	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of finances	<input type="checkbox"/>	<input type="checkbox"/>
e. Educational goals changed	<input type="checkbox"/>	<input type="checkbox"/>
f. Mismatch with college objectives	<input type="checkbox"/>	<input type="checkbox"/>
g. Change in career plans	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving/relocating	<input type="checkbox"/>	<input type="checkbox"/>

18 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"/>

19 To what extent is the cost of attending college an issue for you?

- Not an issue Somewhat of an issue
 A significant issue

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

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

21 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
 Other:

22 Did you begin college at this college or elsewhere?

- Started here Started elsewhere

23 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
 Spring 2002
 Summer 2002
 Fall 2002
 I have no current plan to return
 Uncertain

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

- Full-time Less than full-time

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

- 1 class 2 classes
 3 classes 4 classes or more

26 Which types of classes do you most frequently attend at this college? (Mark one only)

- Day classes (morning or afternoon)
 Evening classes
 Weekend classes
 Distance learning classes
 Other

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

- 0-12 credits 13-30 credits 31-45 credits
 46-60 credits over 60 credits

28 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

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

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

30 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

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

- Yes No

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

- Excellent Good Fair Poor

33 Who among the following live with you? *(Please mark all that apply)*

- I live alone Spouse/significant other
- Parent(s) Friend(s)/roommate(s)
- Brother(s)/sister(s) My child(ren)/stepchild(ren)
- Other relative(s)

34 If you have children living with you, which of the following best describes your child care situation? *(Mark all that apply)*

- Not applicable/no children
- I do not have children that need child care
- Child care is difficult to arrange
- It is hard to find convenient child care
- Child care is a major issue for me
- Other:

35 Your year of birth:

36 Your sex: Male Female

37 Are you married? Yes No

38 Is English your native (first) language?
 Yes No

39 Are you an international student or foreign national?
 Yes No

40 Are you of Hispanic, Latino, or Spanish origin?

- Yes No

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

- American Indian or other Native American
- Asian, Asian American or Pacific Islander
- Black or African American
- White
- Other:

42 What is the highest academic credential you have earned?

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

43 What is the highest level of education obtained by your:

	Mother	Father
a. 8th grade or less	<input type="checkbox"/>	<input type="checkbox"/>
b. Some high school	<input type="checkbox"/>	<input type="checkbox"/>
c. High school or GED	<input type="checkbox"/>	<input type="checkbox"/>
d. Some community college	<input type="checkbox"/>	<input type="checkbox"/>
e. Certificate	<input type="checkbox"/>	<input type="checkbox"/>
f. Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>
g. Some four-year college	<input type="checkbox"/>	<input type="checkbox"/>
h. Bachelor Degree	<input type="checkbox"/>	<input type="checkbox"/>
i. Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>
j. Doctorate Degree	<input type="checkbox"/>	<input type="checkbox"/>
k. Unknown	<input type="checkbox"/>	<input type="checkbox"/>

44 Using the list provided, please write the code indicating your major:

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45 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 social security number below (OPTIONAL)

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