

**BWF Student Science Enrichment Program
STUDENT FEEDBACK SURVEY
Revised January 2004**

For office use only: Cohort #: _____ Project #: _____ Survey #: _____
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Instructions: You may use either pen or pencil to complete this survey. On page 1, circle numbers clearly. On page 2, fill in circles completely. Draw an "X" through incorrect answers. Thank you for taking time to tell us what you think about this program. Your ideas are important to the people who designed this program.

About this program

1. Please tell us how you feel about each of the following statements by circling one number on each 5-point scale. *Circle one answer for each statement.*

	Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
a. This program helped me understand science better.	1	2	3	4	5
b. Because of this program, I feel better about being able to learn science.	1	2	3	4	5
c. I learned some things in this program that I can use in science class at school.	1	2	3	4	5
d. Because of this program, I think I am more aware of the importance of science in everyday living.	1	2	3	4	5
e. I tell my family or friends about the things we do in this program.	1	2	3	4	5
f. Because of this program, I am more excited about science.	1	2	3	4	5
g. Because of this program, I think I have a better understanding of what scientists do.	1	2	3	4	5

2. Please tell us how you feel about this program by answering each of the following questions. *Circle one answer for each question.*

	No	Uncertain	Yes
a. Would you like to participate in another program like this?	1	2	3
b. Would you recommend this program to a friend?	1	2	3

About you

	Not good		Okay		Very good
3. How would you describe yourself as a science student? <i>Circle one.</i>	1	2	3	4	5
	Not at all interested		Sort of interested		Very interested
4. How would you describe your interest in science <i>before</i> this program? <i>Circle one.</i>	1	2	3	4	5

--- Please turn over and continue on the other side ---

5. Has this program changed your feelings about learning science? *Fill in the appropriate circle.*
- Yes, I am **more** interested in learning science.
- Yes, I am **less** interested in learning science.
- No, my interest in learning science has not changed.
6. Has this program encouraged you to think about taking **more** science in the future? *Fill in the appropriate circle.*
- Yes, I am thinking about taking **more** science classes in the future.
- No, I am thinking about taking **fewer** science classes in the future.
- My thoughts about taking science classes in the future have not changed.
7. Has this activity encouraged you to think **more** about getting a job in a science-related career? *Fill in the appropriate circle.*
- Yes, I am thinking **more** about getting a job in a science-related career.
- No, I am thinking **less** about getting a job in a science-related career.
- My thoughts about getting a job in a science-related career have not changed.
8. What job areas are you most interested in? *Fill in the appropriate circles. Choose all that apply.*
- Agriculture Education/Teaching Science
- Arts/Entertainment Health Care/Medicine Sports
- Business Law Technology/Computers
- Other job area, for example: _____
9. If you selected “Science” in question 8, which of the following areas of science are you most interested in? *Fill in the appropriate circles. Choose all that apply. If you did not select “Science” in question 8, please skip to question 10.*
- Biology Chemistry Environmental Science
- Biomedical research Computer Science Forensics
- Biotechnology Engineering Physics
- Other area if science, for example: _____
10. What is your gender? *Fill in the appropriate circle.* Male Female
11. Which of the following best describes you? *Fill in the appropriate circle.*
- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|
| Black | White | Hispanic/Latino | Native American | Asian/Pacific Islander | Bi-racial | Other |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
12. What grade are you in? If this is a summer program, what grade will you be in when school starts again? *Fill in the appropriate circle.*
- | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5 th | 6 th | 7 th | 8 th | 9 th | 10 th | 11 th | 12 th |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
13. What county do you live in? _____

--- Just a few more questions on the last page ---

Tell us more

14. What did you learn in this program about doing science or being a scientist?

15. What did you like *most* about this program?

16. What did you like *least* about this program?

Thank you for sharing your thoughts with us!