

Student Survey

Workshop

Fall 2010



First Name:

Last Name:

Instructions:

- Write in your **name** above then fill out the pre-survey until you reach the **stop** sign.
- **Hand** the survey packet back to your teacher.
- After you finish a lesson with your teacher, you will get the survey back.
- Fill out the post-survey, which is **after** the stop sign.
- Tear off this cover sheet.
- **Hand** the survey packet back to your teacher.

Student Pre-Survey

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1. Teacher Name:
2. School:
3. What did your teacher say you are going to learn about during this activity?

Below is a list of statements. Read each statement and mark the best description of how you feel.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
4. If I got to decide what to do in class next, I would pick this topic.					
5. I like the topic the teacher has selected very much.					
6. I know a lot about this topic already.					
7. I know enough to teach my friends about this topic.					
8. I spend time learning about this topic on my own.					
9. I talk with my friends about this topic.					
10. I talk to my parents about this topic.					
11. I like to make my own choices about what I learn and how I learn.					
12. I want my teacher to choose what I learn and how I learn.					
13. I like solving real-world problems.					

14. How old are you? (Circle one.)

7 8 9 10 11 12 13 14 15 16 17 18 19+

15. What grade are you in? (Circle one.)

6 7 8 9 10 11 12

16. Which of the following describes you best? (Choose only one.)

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Hispanic/Latino
5. Native Hawaiian or Other Pacific Islander
6. White
7. Two or more groups
8. I don't want to answer

17. What is the primary language spoken in your home?

- English
- Spanish
- Other _____



Follow your teacher's directions about this survey: you may need to hold onto it or you may need to keep it with you. You will fill out the rest after your activity is finished.

Student Post-Survey

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1. Teacher Name:
2. School:
3. What topic did you actually work on for this activity?
4. Did you work in groups?

Yes No

5. How many times did you work on this activity? (Circle only one.)

1	6	11	16
2	7	12	17
3	8	13	18
4	9	14	19
5	10	15	20 or more

6. How long did you spend each time? (Circle only one.)

- Less than one hour
- 1 hour
- 2 hours
- 3 hours
- 4 hours
- More than 4 hours

(Continues on next page)

Below is a list of statements. Read each statement and mark the best description of how you feel.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
7. If I got to decide what to do in class next, I would pick something about this topic.					
8. After this activity, I like this topic very much.					
9. I will spend time learning about this topic on my own.					
10. I will talk with my friends about this topic.					
11. I will tell my parents about this topic.					
12. I know a lot about this topic now.					
13. I now know enough to teach my friends about this topic.					

These next questions are about how you learned about this topic. Read each statement and mark the best description of how you feel.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
14. Overall, I thought learning this way was fun.					
15. I enjoyed learning about this topic this way.					
16. It was a lot harder to learn about this topic this way.					
17. This way of learning was better than other ways.					

18. Describe what you learned during this lesson.

19. Describe what you liked and disliked about this lesson.