

Green River Community College

Entering Student Survey

Directions: The information you supply on this questionnaire will be kept completely confidential. Your name and address will enable college officials to identify your response and to contact you directly. The data you supply will be used for research purposes and will not be individually listed on any report. If, however, any question requests information you do not wish to provide, feel free to omit it.

Please circle the appropriate responses. If you wish to change your response to an item, erase your first mark completely and then mark the correct response. Select only one response.

SECTION 1 - BACKGROUND INFORMATION

Begin by filling in your name below. Complete the remaining sections by circling the single most appropriate response in each case.

| A | NAME AND ADDRESS |
|---|----------------------------------|
| | Name _____ |
| | Street address _____ |
| | City _____ State _____ Zip _____ |

| F | AGE |
|---|-------------|
| 1 | 20 or under |
| 2 | 21-24 |
| 3 | 25-29 |
| 4 | 30-39 |
| 5 | 40-61 |
| 6 | 62 or over |

| G | GENDER |
|---|--------|
| 1 | Male |
| 2 | Female |

| B | RACE/ETHNICITY |
|---|---|
| 1 | African-American |
| 2 | American Indian, Alaskan Native |
| 3 | White/ Caucasian |
| 4 | Asian, Pacific Islander |
| 5 | Hispanic |
| 6 | Multicultural (parents represent different racial and/or ethnic groups) |
| 7 | Other |
| 8 | Prefer not to respond |

| H | YOUR OVERALL HIGH SCHOOL GRADE AVERAGE | |
|---|--|-----------------------|
| 1 | A- to A (3.50-4.00) | 5 C- to C (1.50-1.99) |
| 2 | B to A- (3.00-3.49) | 6 D to C- (1.00-1.49) |
| 3 | B- to B (2.50-2.99) | 7 Below D (0.00-.99) |
| 4 | C to B- (2.00-2.49) | 8 Does not apply |

| I | DID EITHER OF YOUR PARENTS EARN A COLLEGE DEGREE (BACHELOR'S DEGREE OR HIGHER)? |
|---|---|
| 1 | No |
| 2 | Yes, mother only |
| 3 | Yes, father only |
| 4 | Yes, both parents |

| C | MARITAL STATUS |
|---|---|
| 1 | Unmarried (including single, divorced, and widowed) |
| 2 | Married |
| 3 | Separated |
| 4 | Prefer not to respond |

| J | INDICATE YOUR PLANNED COLLEGE RESIDENCE |
|---|---|
| 1 | Off-campus room or apartment |
| 2 | Home of parents or relatives |
| 3 | Own home |
| 4 | Other |
| 5 | Undecided |

| D | WHAT TYPE OF SCHOOL DID YOU ATTEND PRIOR TO ENTERING GRCC? |
|---|--|
| 1 | High school |
| 2 | Vocational/ technical school |
| 3 | 2-year college (junior college, community college, etc.) |
| 4 | 4-year college or university |
| 5 | Other |

| K | APPROXIMATELY HOW MANY HOURS PER WEEK WILL YOU BE EMPLOYED DURING YOUR FIRST QUARTER AT GRCC? |
|---|---|
| 1 | 0 or occasional jobs only |
| 2 | 1 to 10 |
| 3 | 11 to 20 |
| 4 | 21 to 30 |
| 5 | 31 to 40 |
| 6 | 40+ |
| 7 | Undecided |

| E | HOW WOULD YOU DESCRIBE YOUR INDIVIDUAL PROGRAM OF STUDY DURING HIGH SCHOOL? |
|---|---|
| 1 | College preparatory |
| 2 | Vocational, business, or occupational |
| 3 | General |
| 4 | Other |

F

INDICATE YOUR LEVEL OF AGREEMENT WITH EACH STATEMENT ABOUT GRCC (CHECK APPROPRIATE BOX FOR EACH ITEM)

- STRONGLY AGREE
- AGREE
- NEUTRAL
- DISAGREE
- STRONGLY DISAGREE
- DONT KNOW/ DOES NOT APPLY

| | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. The cost of attending GRCC is reasonable. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. GRCC staff care about individual students. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. GRCC has many activities and organizations for students. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. The advising session for new students was helpful. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. GRCC has a strong varsity athletic program. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. GRCC offers many cultural events and programs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. GRCC provides sufficient financial aid for students needing support. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. GRCC offers many job-oriented classes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I. Touch-tone registration was easy to use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Web registration was easy to use. |

G

WHAT TIME OF DAY DO YOU PREFER TO ATTEND CLASS? (SELECT ONLY ONE)

- 1 Morning
- 2 Afternoon
- 3 Evening
- 4 Weekend
- 5 No preference

H

WHICH CLASS FORM AT DO YOU MOST PREFER? (SELECT ONLY ONE)

- 1 Lecture
- 2 Small group
- 3 Independent study (self-paced)
- 4 Laboratory or shop (hands-on)
- 5 Distance learning (correspondence course, internet course, etc.)
- 6 No preference

I

HAVE YOU HEARD OF THE FOLLOWING CAMPUS-WIDE LEARNING OUTCOMES AT GRCC? (CHECK APPROPRIATE BOX FOR EACH ITEM)

- YES
- NO

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Critical thinking |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Quantitative and/or symbolic reasoning |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Responsibility |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Written communications |

J

PLEASE RATE YOUR ABILITIES IN THE FOLLOWING AREAS: (CHECK APPROPRIATE BOX FOR EACH ITEM)

- EXCELLENT
- GOOD
- FAIR
- POOR

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Academic ability |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Computer skills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Creativity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Critical thinking |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Math skills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. Public speaking |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Being responsible for your own learning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Understanding other people |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I. Writing skills |

K

DO YOU FEEL YOU WILL NEED SPECIAL HELP IN ANY OF THE FOLLOWING AREAS AS YOU CONTINUE YOUR EDUCATION? (CHECK APPROPRIATE BOX FOR EACH ITEM)

- YES
- NO

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Expressing ideas in writing |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Increasing reading speed |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Improving reading comprehension |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Improving mathematical skills |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Developing better study skills and habits |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Improving test-taking skills |
| <input type="checkbox"/> | <input type="checkbox"/> | G. Improving public speaking skills |
| <input type="checkbox"/> | <input type="checkbox"/> | H. Identifying educational goals |
| <input type="checkbox"/> | <input type="checkbox"/> | I. Identifying career options |

