

9 During your last year of high school about how often did you do each of the following?

	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. Came to class without completing readings or assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Discussed grades or assignments with a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worked with other students on projects during class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Worked with classmates outside of class to prepare class assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 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"/>
h. 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"/>
i. Discussed ideas from your readings or classes with teachers outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Discussed ideas from your readings or classes with others outside of class (students, family members, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Talked with a counselor, teacher, or other staff member about college or career plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Had serious conversations with students who are very different 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"/>
m. Missed a day of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Did you take the SAT and/or ACT?

Yes No

If yes, please write your scores below (as best you remember):

SAT (possible range=200-800)

ACT (possible range=1-36)

Critical Reading

Composite

Mathematical Reasoning

Writing

11 During your high school years, how involved were you in the following activities at your school or elsewhere?

	Not involved			Highly involved		
	1	2	3	4	5	6
	▼	▼	▼	▼	▼	▼
a. Performing or visual arts programs (band, chorus, theater, art, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Athletic teams (varsity, junior varsity, club sport, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Publications (student newspaper, yearbook, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Academic honor societies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Academic clubs (debate, mathematics, science, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Vocational clubs (business, health, technology, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Religious youth groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Community service or volunteer work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 Overall, how academically challenging was your high school?

Not at all challenging	Extremely challenging
▼	▼
<input type="checkbox"/>	<input type="checkbox"/>
1	6

College Experiences

13 During the coming school year, about how many hours do you think you will spend in a typical 7-day week doing each of the following?

a. Preparing for class (studying, reading, writing, doing homework or lab work, analyzing data, rehearsing, and other academic activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
	Hours per week							
b. Working for pay on- or off- campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
	Hours per week							
c. Participating in co-curricular activities (organizations, campus publications, student government, fraternity or sorority, intercollegiate or intramural sports, 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"/>
	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
	Hours per week							
d. Relaxing and socializing (watching TV, partying, 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"/>
	0	1-5	6-10	11-15	16-20	21-25	26-30	More than 30
	Hours per week							

18 How important is it to you that your college or university provides each of the following?

	Not important			Very important		
	1	2	3	4	5	6
	▼	▼	▼	▼	▼	▼
a. A challenging academic experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Support to help you succeed academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Opportunities to interact with students from different economic, social, and racial or ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assistance coping with your non-academic responsibilities (work, family, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Support to help you thrive socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Opportunities to attend campus events and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 About how much of your college expenses (tuition, fees, books, room & board) this year will be provided by each of the following sources?

	None	Less than half	Half or more	All or nearly all	Do not know
	▼	▼	▼	▼	▼
a. Scholarships and grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Self (work on-campus or off-campus, savings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 Did you receive a Federal Pell Grant?

Yes No Do not know

21 What do you expect most of your grades will be at this college during the coming year?

(Select only one.)

A B C

A- B- C- or lower

B+ C+ Grades not used

22 Do you intend to graduate from this college?

Yes No Uncertain

23 What is the highest academic degree that you intend to obtain at this or any college?

(Select only one.)

Associate's degree (A.A., A.S., etc.)

Bachelor's degree (B.A., B.S., etc.)

Master's degree (M.A., M.S., etc.)

Doctoral degree (Ph.D., M.D., J.D., etc.)

Uncertain

Additional Information

24 What month are you completing this survey?

<input type="checkbox"/> Jan	<input type="checkbox"/> May	<input type="checkbox"/> Sep
<input type="checkbox"/> Feb	<input type="checkbox"/> Jun	<input type="checkbox"/> Oct
<input type="checkbox"/> Mar	<input type="checkbox"/> Jul	<input type="checkbox"/> Nov
<input type="checkbox"/> Apr	<input type="checkbox"/> Aug	<input type="checkbox"/> Dec

25 Do you know what your major will be?

No

Yes, specify:

26 Are you, or will you be, a full-time student this fall term?

Yes No

27 How many of your close friends will attend this college during the coming year?

None 1 2 3 4 or more

28 Your sex:

Female Male

29 Are you an international student or foreign national?

Yes No

30 What is your racial or ethnic identification?

(Select only one.)

American Indian or other Native American

Asian, Asian American, or Pacific Islander

Black or African American

White (non-Hispanic)

Mexican or Mexican American

Puerto Rican

Other Hispanic or Latino

Multiracial

Other

I prefer not to respond

31 Please indicate whether your parents completed a 4-year college degree.

	Completed 4-year degree	Did not complete 4-year degree	Do not know
	▼	▼	▼
Mother (or guardian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father (or guardian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32 How far is your home from this college?

<input type="checkbox"/> 20 miles or less	<input type="checkbox"/> 101-200 miles
<input type="checkbox"/> 21-50 miles	<input type="checkbox"/> 201-400 miles
<input type="checkbox"/> 51-100 miles	<input type="checkbox"/> More than 400 miles

THANKS FOR SHARING YOUR RESPONSES!

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