

NASA [Center auto-populated] Student Participant Challenge Feedback Survey

Thank you for participating in [auto-populated]. We ask that you please take a moment to provide your feedback that will be used to improve the development and delivery of educator training, resources and support.

The following questions will help us develop the best program to fit the needs of students/learners today. We estimate that it will take about 10 minutes to complete this survey. Your participation is voluntary and anonymous, meaning your responses will not be associated with you, whether submitted as a hard copy or with your email address or your computer's IP address if submitted electronically. Your feedback is important to us. Thank you for your assistance.

Date of Attendance: [Auto-populated at administration]

NASA Center for this activity? [Auto-populated at administration]

Participant Profile Information

- 1. What level of institution do you currently attend?** High school (senior) College/university
If you are in college, what is your major? _____
If you are in high school and plan to attend college, what major are you considering? _____
- 2. If you are in high school or college, what is your year in school? Check one.**
 - First year/Freshman
 - Second year/Sophomore
 - Third year/Junior
 - Fourth year/Senior
 - Fifth or more year college
- 3. Do you have prior NASA experience?**
 - Yes, I have participated in a NASA activity prior to this one.
 - No, this was my first ever NASA experience.

Workshop Content Feedback

- 4. Has this NASA experience inspired you to learn more about NASA or STEM (science, technology, engineering, and mathematics)?**
 - Yes
 - Yes, and I may pursue a career in STEM
 - No, I already know a lot about NASA and STEM
 - No, NASA or STEM does not interest me
- 5. Would you want to attend another NASA experience?** Yes No
Why or why not? (Please explain. 500 characters and spaces): _____

- 6. Would you recommend this experience to your friends?** Yes No

Why or why not? (Please explain. 500 characters and spaces): _____

7. What part of this experience did you like best?(Please explain. 500 characters and spaces): _____

8. How would you change this NASA experience, if you were in charge? (Please explain. 500 characters and spaces): _____

9. Do you have any other feedback about the experience you'd like to share? (500 characters and spaces): _____

Thank you very much. We appreciate you taking the time to provide us with your feedback.

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 2700-0153 and expires on 07/31/2017. We estimate that it will take 10 minutes to read the instructions, gather the facts and answer the questions. **Send only comments relating to our time estimate to: hq-oeidadmin1@mail.nasa.gov.**