



**iSTEM Grade 12 Survey**

**IMPORTANT:** Please use a **BLACK** pen. Mark response boxes with an . Use block printing for any text or numeric responses. If you wish to change a response, mark the right answer and **CIRCLE** it.

iSTEM's goal is to learn more about how the experiences of students influence their future education and career choices. We're especially interested in your experiences with science, technology, engineering, and math during high school, and how they impact your decisions about your future education and career choices. This project is funded by the National Science Foundation and conducted by SRI International, a non-profit research institute based in California. We hope you will participate in our research study and share your experiences with us.

Some important points to keep in mind about this survey:

- We appreciate your honesty. All of the information will be kept confidential. Your name will NOT appear in any of our reports.
- There are no right or wrong answers.
- You do not have to answer any question that makes you feel uncomfortable, and you may stop filling out the survey at any time.
- The survey should only take about 20 minutes to complete. Thank you for your time.

**School** **ID**

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**First Name**

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**Middle Name**

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**Last Name**

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**Date of Birth**

|       |  |   |      |  |   |      |  |  |  |
|-------|--|---|------|--|---|------|--|--|--|
|       |  | / |      |  | / |      |  |  |  |
| month |  |   | date |  |   | year |  |  |  |

## Your Feelings about School in General

1. Not including lunch or study periods, what has been your **MOST** FAVORITE subject and your **LEAST** FAVORITE subject in high school?

(Write the class number from the list at right into the boxes below.)

**MOST FAVORITE**  
subject:

**LEAST FAVORITE**  
subject:

- 01 - English
- 02 - Foreign language
- 03 - Science
- 04 - Art
- 05 - Music
- 06 - Mathematics
- 07 - Engineering
- 08 - Physical Education or Gym
- 09 - Computer Education or Computer Science
- 10 - Social Studies, History, Government or Civics
- 11 - Career preparation  
(such as health professions, business, or culinary arts)

2. How much do you agree or disagree with the following statements? (Mark (X) one box for each row.)

|  | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. You always try to do your best in school.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. You always try hard, no matter how difficult the work.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Getting good grades is important to you.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. You always study for tests.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. You spend enough time on your homework to understand it well.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. You are able to get help when you find your homework difficult. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. You manage your time well enough to get all of your work done.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. How much do you agree or disagree with the following statements? (Mark (X) one box for each row.)

|   | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Teachers at this school believe that all students in this school can do well.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Teachers at this school have given up on some of their students.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Teachers at this school expect very little from students.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Teachers at this school work hard to make sure that all students are learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Teachers at this school only care about smart students.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Teachers at this school always try to be fair.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Teachers at this school care about my opinions.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Teachers at this school would be willing to give me extra help.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Teachers at this school care about how I am doing in school.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**4. Which of these school-offered services and experiences have you used during this academic year?**

(Mark (X) one box for each row.)

|   | Not used                 | Used                     | Not offered at this school |
|---|--------------------------|--------------------------|----------------------------|
| A. College entrance exam preparation assistance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| B. Career guidance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| C. College tours  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| D. Enrollment in college courses (offered on a college campus, online or at your school)                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| E. Job shadowing or visits to observe work sites  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| F. Internships  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| G. One-to-one tutoring  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| H. Classes and/or seminars on how to improve academically (for example, homework strategies, organization, time management) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| I. Academic counseling about what courses to take or how to apply to college  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| J. Academic "catch up" program or class (for example, in reading or mathematics)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| K. Advanced Placement strategies (for example, tutoring, prep sessions, or summer academies supporting work in AP classes)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |

**Your Feelings about Different Subjects**

**5. How much do you agree or disagree with the following statements? (Mark (X) one box for each row.)**

|  | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. You see yourself as a math person       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Others see you as a math person         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. You see yourself as a science person    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Others see you as a science person      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. You see yourself as a technology person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Others see you as a technology person   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. How are your grades in the following subjects? (Mark (X) one box for each row.)**

|                           | Mostly As                | A mix of As and Bs       | Mostly Bs                | A mix of Bs and Cs       | Mostly Cs                | A mix of Cs and Ds       | Mostly Ds                |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Math                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Science                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. English                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Social studies/History | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



7. During high school, what MATH classes have you taken (including those you are currently taking)? (Mark (X) ALL that apply.)

- Algebra I including IA and IB
- Geometry
- Algebra II
- Trigonometry
- Review or Remedial Math including Basic, Business, Consumer, Functional or General Math
- Integrated Math I
- Statistics or Probability
- Integrated Math II or above
- Pre-algebra
- Analytic Geometry
- Other advanced math course such as Pre-Calculus or Calculus
- Other math course

8. What is the highest level math course that you will graduate with? (Please print.)

Course title:

9. Excluding any courses you have taken outside of your high school, think about the MATH course that you took LAST YEAR when you were a junior (or about your most recent math course taken at your high school if you did not take one last year). What was the name of that course? (Please print.)

Course title:

**Please answer questions 10-13 about the math course you listed in question 9**

10. How much do you agree or disagree with the following statements about the usefulness of that MATH course? (Mark (X) one box for each row.)

|   | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. What students learn in this course is useful for everyday life.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. What students learn in this course will be useful for college.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. What students learn in this course will be useful for a future career. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. How much do you agree or disagree with the following statements about that MATH course? (Mark (X) one box for each row.)

|  | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. You enjoyed this class very much.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. You thought this class was boring.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. You did well on tests in this course.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. You understood the most difficult material presented in the textbook used in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. This course was a waste of time.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



12. How much do you agree or disagree with the following statements about the teacher of that MATH course? Remember, none of your teachers or your principal will see any of the answers you provide. (Mark (X) one box for each row.)

| That math teacher . . .  | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. valued and listened to students' ideas.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. treated students with respect.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. treated every student fairly.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. thought every student can be successful.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. thought mistakes were okay as long as students learned from them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. made math interesting.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. treated male and female students the same way.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. made math easy to understand.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. In that MATH class, how often did you do the following? (Mark (X) one box for each row.)

|   | Never                    | A few times during the year | Once or twice a month    | Once or twice a week     | Almost every day         |
|---|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| A. Applied mathematical concepts to "real world" problems | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Analyzed data to make inferences or draw conclusions   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Explained to the class how you solved a math problem   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Worked on problems with more than one solution         | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Picked the projects or research topics you worked on   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Made estimates, predictions, or hypotheses             | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Worked on projects that took multiple days to complete | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Learned something about science                        | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Used technology  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Learned something about engineering                    | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. During high school, what SCIENCE courses have you taken (including those you are currently taking)? (Mark (X) ALL that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Biology I  | <input type="checkbox"/> General Science  |
| <input type="checkbox"/> Earth Science  | <input type="checkbox"/> Principles of Technology   |
| <input type="checkbox"/> Physical Science   | <input type="checkbox"/> Life Science   |
| <input type="checkbox"/> Environmental Science  | <input type="checkbox"/> Advanced Physics<br><i>such as Physics II, AP or IB</i>  |
| <input type="checkbox"/> Physics I  | <input type="checkbox"/> Other earth or environmental sciences<br><i>such as Ecology, Geology, Oceanography, or Meteorology</i> |
| <input type="checkbox"/> Integrated Science I   | <input type="checkbox"/> Other biological sciences<br><i>such as Botany, Marine Biology, or Zoology</i>                         |
| <input type="checkbox"/> Chemistry I  | <input type="checkbox"/> Other physical sciences<br><i>such as Astronomy or Electronics</i>                                     |
| <input type="checkbox"/> Integrated Science II or above                               | <input type="checkbox"/> Other science course   |
| <input type="checkbox"/> Anatomy or Physiology  |   |
| <input type="checkbox"/> Advanced Biology<br><i>such as Biology II, AP, or IB</i>     |   |
| <input type="checkbox"/> Advanced Chemistry<br><i>such as Chemistry II, AP, or IB</i> |   |

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15. Excluding any courses you have taken outside of your high school, think about the **SCIENCE** course that you took **LAST YEAR** when you were a junior (or your most recent science course taken at your high school if you did not take one last year). What was the name of that course? *(Please print.)*

Course title:

**Please answer questions 16-19 about the science course you listed in question 15**

16. How much do you agree or disagree with the following statements about the usefulness of that **SCIENCE** course?  
*(Mark (X) one box for each row.)*

|   | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| A. What students learn in this course is useful for everyday life.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. What students learn in this course will be useful for college.         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. What students learn in this course will be useful for a future career. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. How much do you agree or disagree with the following statements about that **SCIENCE** course?  
*(Mark (X) one box for each row.)*

|  | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. You enjoyed this class very much.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. You thought this class was boring.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. You did well on tests in this course.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. You understood the most difficult material presented in the textbook used in this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. This course was a waste of time.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. How much do you agree or disagree with the following statements about the teacher of that **SCIENCE** course? Remember, none of your teachers or your principal will see any of the answers you provide. *(Mark (X) one box for each row.)*

| That science teacher . . .   | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. valued and listened to students' ideas.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. treated students with respect.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. treated every student fairly.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. thought every student can be successful.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. thought mistakes were okay as long as students learned from them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. made science interesting.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. treated male and female students the same way.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. made science easy to understand.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



19. In that SCIENCE course, how often did you do the following? (Mark (X) one box for each row.)

|  | Never                    | A few times during the year | Once or twice a month    | Once or twice a week     | Almost every day         |
|--|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| A. Conducted laboratory activities, investigations, or experiments                             | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Wrote up results or prepare presentations from a lab activity, investigation, or experiment | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Memorized facts   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Generated your own hypotheses   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Used evidence/data to support an argument or hypotheses                                     | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Found information from graphs and tables  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Worked on projects that took multiple days to complete                                      | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Watched the teacher demonstrate or lecture  | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Used probes, computers, calculators, or other educational technology to learn science       | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Used engineering ideas in assignments or projects   | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Learned some new mathematics so you could use it in science                                 | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. Have you ever had a difficult time understanding the content or earning the kind of grade you wanted in a science or math class?

- Yes - Go to question 21
- No - Skip to question 22

21. Think about the last time you had this kind of trouble. Which of the following did you do? (Mark (X) ALL that apply.)

- Asked my teacher for help
- Got someone to tutor me
- Started spending more time studying and working on assignments
- Dropped the class
- Got help from a parent or other adult outside the school
- Studied with a classmate
- Other (please describe):



**22. In your junior year, did you participate in any of the following types of extra-curricular activities and if so, how often?** (Mark (X) one box for each row. Mark N/A if the activity was not available.)

|   | Never                    | A few times that year    | Once or twice a month    | Once or twice a week     | Almost every day         | N/A                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. School math, science or technology club (for example, math club or robotics club)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Internship or shadowing with a science or engineering professional (for example, an engineer, doctor, veterinarian, or agricultural scientist) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Research at a science lab or with a research professional  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Math or science competition  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Math, science, or computer camp  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Environmental projects (for example, monitoring water quality)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**23. In the PAST TWO YEARS, how often have you done the following activities outside of school?**

(Mark (X) one box for each row.)

|  | Never                    | Rarely                   | Sometimes                | Often                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Read science books and magazines                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Made up your own experiment                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Designed (thought up) and built something on your own         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Taken apart a toy or appliance to see how it worked           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Accessed websites for computer technology information         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Visited a science museum, planetarium or environmental center | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**24a. Have you taken any elective courses in Technology (including Computer Science) while in high school?** (Mark (X) one only.)

- Yes, I took a course in this subject area
- No, my school does not offer courses in this subject area
- No, my school offers courses in this subject area, but I have not taken one

**24b. Have you taken any elective courses in Engineering while in high school?** (Mark (X) one only.)

- Yes, I took a course in this subject area
- No, my school does not offer courses in this subject area
- No, my school offers courses in this subject area, but I have not taken one





25. If you **HAVE** taken any elective Technology or Engineering courses, what reasons did you have for choosing this elective? (Mark (X) ALL that apply for each subject area.)

| Technology   | Engineering  |
|--|--|
| <input type="checkbox"/> N/A. I have not taken a course in Technology.<br><input type="checkbox"/> A. Your teachers wanted you to.<br><input type="checkbox"/> B. Your school counselor wanted you to.<br><input type="checkbox"/> C. You are good in Technology.<br><input type="checkbox"/> D. You needed more courses in Technology for the type of career you want.<br><input type="checkbox"/> E. Most students who are like you take courses in Technology.<br><input type="checkbox"/> F. You enjoy studying material in Technology.<br><input type="checkbox"/> G. Taking courses in Technology is useful for <i>getting into</i> college.<br><input type="checkbox"/> H. Having taken high school courses in Technology will help you when you're <i>in college</i> .<br><input type="checkbox"/> I. Your friends were taking more courses in Technology. | <input type="checkbox"/> N/A. I have not taken a course in Engineering.<br><input type="checkbox"/> A. Your teachers wanted you to.<br><input type="checkbox"/> B. Your school counselor wanted you to.<br><input type="checkbox"/> C. You are good in Engineering.<br><input type="checkbox"/> D. You needed more courses in Engineering for the type of career you want.<br><input type="checkbox"/> E. Most students who are like you take courses in Engineering.<br><input type="checkbox"/> F. You enjoy studying material in Engineering.<br><input type="checkbox"/> G. Taking courses in Engineering is useful for <i>getting into</i> college.<br><input type="checkbox"/> H. Having taken high school courses in Engineering will help you when you're <i>in college</i> .<br><input type="checkbox"/> I. Your friends were taking more courses in Engineering. |

26. How much do you agree or disagree with the following statements about your experience with TECHNOLOGY? (Technology can include Internet use, creating web pages or wikis, creating and/or editing video and audio files.)

(Mark (X) one box for each row.)

|  | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. You find working with technology to be difficult. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. You learn technology quickly.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. You feel helpless when using technology.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. Since the beginning of your junior year, which of the following people have talked with you about which MATH courses to take? (Mark (X) ALL that apply.)

- Your mother or female guardian
- Your father or male guardian
- Your friends
- A teacher
- A school counselor
- Other adult (neighbor, coach, etc.)
- None of these people

28. Since the beginning of your junior year, which of the following people have talked with you about which SCIENCE courses to take? (Mark (X) ALL that apply.)

- Your mother or female guardian
- Your father or male guardian
- Your friends
- A teacher
- A school counselor
- Other adult (neighbor, coach, etc.)
- None of these people



**29. How much do you agree or disagree with each of the following statements?**

(Mark (X) one box for each row.)

***If you spend a lot of time and effort in your math and science classes...***

|  | Strongly Disagree        | Disagree                 | Agree                    | Strongly Agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. you won't have enough time for hanging out with your friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. you won't have enough time for extracurricular activities.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. you won't be popular.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. people will make fun of you.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**30. During a typical weekday during the school year, how many hours do you spend...**

(Mark (X) one box for each row.)

|   | Less than 1 hour         | 1-2 hours                | 2-3 hours                | 3-4 hours                | 4-5 hours                | 5 or more hours          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Working on math homework and studying for math class   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Working on science homework and studying for science class   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Working on homework and studying for the rest of your classes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Participating in extracurricular activities such as sports teams, clubs, band, or student government | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Working for pay, not including chores or jobs you do around your house                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Your Thoughts about the Future**

**31. Which of the following standardized tests have you taken?** (Mark (X) one box for each row.)

|   | Yes, I have taken this test or plan to take it this year | No, I have not taken this test |
|---|--|--------------------------------|
| A. SAT                                      | <input type="checkbox"/>                                 | <input type="checkbox"/>       |
| B. American College Testing Service (ACT)   | <input type="checkbox"/>                                 | <input type="checkbox"/>       |
| C. An Advanced Placement (AP) exam          | <input type="checkbox"/>                                 | <input type="checkbox"/>       |
| D. An International Baccalaureate (IB) exam | <input type="checkbox"/>                                 | <input type="checkbox"/>       |

**32. Since the beginning of the school year, which of the following people have you talked with about you going to college?** (Mark (X) ALL that apply.)

- Your mother or female guardian
- Your father or male guardian
- Your friends
- A teacher
- A school counselor
- Other adult (neighbor, coach, etc.)
- None of these people



**33. Since the beginning of the school year, which of the following people have you talked with about possible jobs or careers when you are an adult? (Mark (X) ALL that apply.)**

- Your mother or female guardian
- Your father or male guardian
- Your friends
- A teacher
- A school counselor
- Other adult (neighbor, coach, etc.)
- None of these people

**34. What do you plan to do during your first year after high school? (Mark (X) AT LEAST one.)**

- Enroll in an Associate's degree program in a two-year community college or technical institute  
*If you know the name of the community college or technical institute you will attend next year, please specify:*

- Enroll in a Bachelor's degree program in a college or university  
*If you know the name of the college or university you will attend next year, please specify:*

- Obtain a license or certificate in a career field
- Attend a registered apprenticeship program
- Join the armed services
- Get a full time job
- Start a family
- Travel
- Do volunteer or missionary work
- Not sure what you want to do

**35. As things stand now, how far in school do you think you will get? (Mark (X) one response.)**

- Less than high school
- High school diploma
- Associate's degree (that is, a 2-year degree at community college)
- Bachelor's degree (that is, a 4-year degree at college)
- Master's degree, Ph.D., M.D., law degree or other high level professional degree  
(after at least a Bachelor's degree)

**36. How interested are you in jobs related to the following subjects?**

*(Mark (X) one box for each subject.)*

| Science                                      |
|--|
| <input type="checkbox"/> Not Interested      |
| <input type="checkbox"/> Somewhat Interested |
| <input type="checkbox"/> Very Interested     |
| <input type="checkbox"/> Not Sure Yet        |

| Technology                                   |
|--|
| <input type="checkbox"/> Not Interested      |
| <input type="checkbox"/> Somewhat Interested |
| <input type="checkbox"/> Very Interested     |
| <input type="checkbox"/> Not Sure Yet        |

| Engineering                                  |
|--|
| <input type="checkbox"/> Not Interested      |
| <input type="checkbox"/> Somewhat Interested |
| <input type="checkbox"/> Very Interested     |
| <input type="checkbox"/> Not Sure Yet        |

| Mathematics                                  |
|--|
| <input type="checkbox"/> Not Interested      |
| <input type="checkbox"/> Somewhat Interested |
| <input type="checkbox"/> Very Interested     |
| <input type="checkbox"/> Not Sure Yet        |



## Your Background

The following questions about you and your family will help us categorize your responses.

**37. What is your gender?**

- Male
- Female

**38. What is your race or ethnicity? (Mark (X) ALL that apply.)**

- American Indian/Alaska Native
- Asian/Pacific Islander
- Hispanic
- Black
- White

**39. What is the primary language spoken in your home? (Mark (X) only one.)**

- English
- A language other than English

**40. Do your parent(s)/guardian(s) work in any of the occupational fields below?**

(For example, check "Healthcare" if your parent works as a dental hygienist or a dentist.)

(Mark (X) one for each parent/guardian.)

| <b>Mother/Female Guardian</b><br><i>(choose one)</i>  | <b>Father/Male Guardian</b><br><i>(choose one)</i>  |
|---|---|
| <input type="checkbox"/> Computer / Mathematical Operations <i>(for example, computer technician, computer programmer, actuary)</i>                     | <input type="checkbox"/> Computer / Mathematical Operations <i>(for example, computer technician, computer programmer, actuary)</i>                     |
| <input type="checkbox"/> Architecture / Engineering <i>(for example, surveyor, mechanical drafter, architect, civil engineer)</i>                       | <input type="checkbox"/> Architecture / Engineering <i>(for example, surveyor, mechanical drafter, architect, civil engineer)</i>                       |
| <input type="checkbox"/> Life or Physical Science <i>(for example, chemist, soil and plant scientist, biotech)</i>                                      | <input type="checkbox"/> Life or Physical Science <i>(for example, chemist, soil and plant scientist, biotech)</i>                                      |
| <input type="checkbox"/> Healthcare <i>(for example, lab technician, chiropractor, dental hygienist, veterinarian, optometrist, pharmacist, doctor)</i> | <input type="checkbox"/> Healthcare <i>(for example, lab technician, chiropractor, dental hygienist, veterinarian, optometrist, pharmacist, doctor)</i> |
| <input type="checkbox"/> Does not work in any of these fields <i>(for example, lawyer, business owner, restaurant worker, stay-at-home parent)</i>      | <input type="checkbox"/> Does not work in any of these fields <i>(for example, lawyer, business owner, restaurant worker, stay-at-home parent)</i>      |



41. What was the last grade in school or degree your mother and father completed?

(Mark (X) one for each parent/guardian.)

| <b>Mother/Female Guardian</b><br>(choose one)   | <b>Father/Male Guardian</b><br>(choose one)   |
|---|---|
| <input type="checkbox"/> Less than high school<br><input type="checkbox"/> High school diploma or GED<br><input type="checkbox"/> Started but did not complete an Associate's or a Bachelor's degree<br><input type="checkbox"/> Completed an Associate's degree (2 year degree)<br><input type="checkbox"/> Completed a Bachelor's degree (4 year degree)<br><input type="checkbox"/> Completed a Master's degree, Ph.D., M.D., law degree or other high level professional degree<br><input type="checkbox"/> <b>Don't know</b> | <input type="checkbox"/> Less than high school<br><input type="checkbox"/> High school diploma or GED<br><input type="checkbox"/> Started but did not complete an Associate's or a Bachelor's degree<br><input type="checkbox"/> Completed an Associate's degree (2 year degree)<br><input type="checkbox"/> Completed a Bachelor's degree (4 year degree)<br><input type="checkbox"/> Completed a Master's degree, Ph.D., M.D., law degree or other high level professional degree<br><input type="checkbox"/> <b>Don't know</b> |



## Information for Future Follow-Up

Because the goal of the iSTEM study is to learn about how students' experiences with STEM influence their experiences in high school and beyond, learning about your future experiences is key to the project's success.

If a new study is funded, we would like to contact you in two years to invite you to complete an iSTEM Follow-up Survey. Each person who completes the iSTEM Follow-up Survey will receive a \$45 gift card as a token of our appreciation for their time.

To ensure that we can keep in touch and hear your story after you graduate from high school, the next few questions ask for your contact information, as well as the contact information of a family member or close friend who will know how to reach you if you move.

**This information will be kept strictly confidential and will not be shared with anyone.**

- 42. Please print your name, address, home telephone number, cell phone number, and e-mail address.**

Your First Name:

Middle Initial:

Last Name:

Address (include number, street, apartment number, P.O. Box, etc.):

City:

State:

Zip code:

Home Telephone (including area code):

(    )    -

Mark here if you do not have a home telephone.

Cell Telephone (including area code):

(    )    -

Mark here if you do not have your own cell phone.

Email Address:

Mark here if you do not have an email address.

- 43. How would you prefer to be contacted about the iSTEM study in the future?**  
(Mark (X) ALL that apply.)

- Mail  
 Email  
 Home phone call  
 Cell phone call  
 Text message



44. Please print the following information for the parent or guardian with whom you live most of the time.

Parent/Guardian's First Name: Middle Initial: Last Name:

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Work Telephone (including area code, telephone number, and extension, if applicable):

(    )    -     Ext.

Mark here if your parent/guardian does not have a work phone number.

Cell Telephone (including area code):

(    )    -

Mark here if your parent/guardian does not have a cell phone number.

Email Address:

|  |
|--|
|  |
|--|

Mark here if your parent/guardian does not have an email address.



45. Please print the name, address, telephone number, and email address of a relative or close friend who does not live with you and who will always know how to contact you. If you don't know the address, please fill in as much as you know.

Relative/Friend's First Name: Middle Initial: Last Name:

Address (include number, street, apartment number, P.O. Box, etc.):

City: State: Zip code:

Mark here if you don't know any of his/her address.

Home Telephone (including area code):  
(    )   -      
 Mark here if he/she does not have a home telephone or you don't know the number.

Cell Telephone (including area code):  
(    )   -      
 Mark here if he/she does not have a cell phone or you don't know the number.

Email Address:

Mark here if he/she does not have an email address or you don't know the email address.

46. What is this person's relationship to you? (Mark (X) one response.)

- A parent
- A grandparent
- An aunt or uncle
- A brother or sister
- A cousin
- A friend
- Other (please describe):



**THANK YOU FOR YOUR PARTICIPATION IN THE iSTEM SURVEY!**

