

This questionnaire, created by Paula Clarke and Ted Hamilton, is designed to help us profile characteristics of students who have persisted in our courses. This is our independent research, a project that we have designed and financed over many years. If it is not obvious, our goal has been and continues to be to try to find ways to transcend some of the debilitating trends (in American culture and the culture of higher education) that function as barriers to authentic student development. The research on our students and our teaching does not formally represent the college at which we teach or any other institution, although it may eventually be used as an institutional resource. The integrity of this undertaking depends a good deal upon respondent honesty. We are not asking questions for you to tell us what you think we want to hear. We are asking questions in order to *learn* about what we do. If you have a critique of us, our courses, and/or something that we do, please describe it for us.

Please feel free to skip over questions that you do not wish to answer. If you want to say more than a space provides, please feel free to do so. If you have suggestions about questions that you believe we should ask, but have not, we would be delighted to entertain your suggestion(s). Similarly, if you believe that some of the questions we have asked should be re-worded, please provide us with your idea(s). Yes, some questions are asked more than once! As is usually true of any research involving human subjects, respondent anonymity is an important priority. Any details that we might use in a publication will be separated from distinguishing personal characteristics. Thank you for your help!

PERSONAL BACKGROUND

NAME: _____

[1]. Age

(a) How old are you _____

(b) What year(s) have you attended Columbia? _____

[2]. Marital Status (mark "X" in appropriate box):

<input type="checkbox"/>	Single (never married)
<input type="checkbox"/>	Married / Domestic Partnership
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Other

If "Other", please explain:

[3]. Are you a parent?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

(a) If "Yes", how many children do you have and what are their ages? _____

(b) If you are a parent, how many of your children are living with you? _____

Please describe:

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[4]. **Living arrangements** (mark “X” in appropriate box):

	Living in the dorms
	Living alone / with children
	Living with spouse / spouse and children
	Living with boyfriend / girlfriend
	Living with roommate(s) (<i>how many:</i>)
	Living with family (parents, other relatives)
	Other

If “Other”, please describe:

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[5]. Are you **responsible for caring for other people**, such as a sibling, a parent, a grandparent, and/or some other relative or close friend (mark “X” in appropriate box)?

	Yes
	Sort of
	No

If “Yes” or “Sort of”, please explain:

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[6]. I believe that there is at least one person who **supports** what I am doing with my life (mark “X” in appropriate box).

	Strongly agree
	Agree
	Agree somewhat
	Disagree
	Strongly disagree

(a) Who provides this support (mark all that apply):

<input type="checkbox"/>	Immediate family member(s)
<input type="checkbox"/>	Extended family member(s)
<input type="checkbox"/>	Friends
<input type="checkbox"/>	Faculty
<input type="checkbox"/>	Other

If "Other", please explain:

[7]. Where does your **economic support** come from, (check all that apply):

<input type="checkbox"/>	Family
<input type="checkbox"/>	Work / employment
<input type="checkbox"/>	Federal Student Aid
<input type="checkbox"/>	Scholarships
<input type="checkbox"/>	Loans
<input type="checkbox"/>	Personal savings
<input type="checkbox"/>	Other

If "Other", please describe:

[8]. If you are employed, how many hours per week [approximately] do you work? _____

[9]. How many children are there in your family of origin? _____

(a) In recent decades a number of complex family forms have emerged in response to other changes in our society. This means that in contrast with the past more people have step-siblings, parents who divorced or never married, parents who do not live together all the time, and/or other complicated relationships. Would you describe your family as one of these new complex forms of family (mark "X" in appropriate box)?

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input type="checkbox"/>	Agree somewhat
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree

Please describe:

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[10]. Check ALL of following descriptions that apply to your position in your family of origin:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I am the eldest child |
| <input type="checkbox"/> | I am an only child |
| <input type="checkbox"/> | I am the youngest child |
| <input type="checkbox"/> | I am a middle child |
| <input type="checkbox"/> | I am the only boy / girl of two or more siblings |
| <input type="checkbox"/> | I am an adopted child |
| <input type="checkbox"/> | Other |

If “Other”, please describe:

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[11]. I have a very close and supportive relationship with at least one person in my immediate family (mark “X” in appropriate box).

- | | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Agree |
| <input type="checkbox"/> | Do not agree |
| <input type="checkbox"/> | Strongly disagree |

[12]. Listed below are some life events/life circumstances. Please check as many of those that you believe have **ever** impacted **your life**.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Divorce (self, parents’) |
| <input type="checkbox"/> | Untimely death (of a loved person – relative or otherwise) |
| <input type="checkbox"/> | Living with a chronically ill person (mental and/or physical illness or disability) |
| <input type="checkbox"/> | Unexpected accident or tragedy (e.g. loss of a relationship) |
| <input type="checkbox"/> | Complicated family relationships and/or circumstances |
| <input type="checkbox"/> | Incredibly good luck |
| <input type="checkbox"/> | Other |

Please describe:

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[13]. Have any of the life events listed below **impacted your life** in a significant way **during your time at Columbia College** (mark "X" in appropriate box)?

<input type="checkbox"/>	Divorce (your own, other family, etc.)
<input type="checkbox"/>	Death
<input type="checkbox"/>	Loss / break-up of a significant relationship
<input type="checkbox"/>	Serious accident
<input type="checkbox"/>	Other type of event

If other type of event, please describe:

HEALTH

[1]. Have you had **any** health problems [mental and/or physical] of **any** kind while enrolled at Columbia College? Include accidents, allergies, sleeping problems, alcohol and/or substance abuse, eating disorders, etc (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please describe briefly:

[2]. Are you taking any medications for learning related problems, such as ADHD problems (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

[3]. Have you **ever [in your life up until your enrollment at Columbia]** been diagnosed with a learning related problem – ADHD, etc. (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

[4]. Do you have health insurance (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

[5]. Have you ever used the campus health service facilities, either the school nurse and/or the therapist/counseling service (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

SOCIAL GROUPS

[1]. Did you attend high school in Tuolumne and/or the surrounding counties [e.g. Calaveras, Amador, etc.] (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

[2]. Do you know people from high school who are also attending Columbia (mark "X" in appropriate box)?

<input type="checkbox"/>	I know a lot of people from my high school
<input type="checkbox"/>	I know some people from my high school
<input type="checkbox"/>	I didn't know anyone from my high school

[3]. Do you know or have you become acquainted with many people on campus while attending Columbia College (mark "X" in appropriate box)?

<input type="checkbox"/>	I know a lot of people on campus
<input type="checkbox"/>	I know some people on campus
<input type="checkbox"/>	I don't really know anyone very well
<input type="checkbox"/>	Other

If "Other", please describe:

[4]. Has enrollment in our courses had an impact on your friendships and/or relationships with your family (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please describe:

EDUCATION

[1]. Are you the first person in your family to attend college (this means are you the first to have taken **any** college classes, it does NOT mean earn a degree) (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

[2]. **Have you earned a college degree** (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please describe:

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[3]. Do you **plan to earn a college degree** (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please describe your plans:

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[4]. Has anyone in your family **earned a college degree** (mark "X" in appropriate box)?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

[a]. If there are family who have earned college degrees, please list them, along with the highest degree they have earned, and where they earned the degree (the first line – in italics – is a sample):

Family Member	Highest Degree Earned	Institution
<i>EX: Mother</i>	<i>B.A.</i>	<i>Stanislaus State University</i>

[5]. Before I came to college I had experienced problems in/with school (e.g. did not like school, got into

4 TH										
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[8]. If you had attended other colleges, **how many other colleges had you attended** prior to coming to Columbia College? _____

(a) **Names of the other colleges** you had attended prior to coming to Columbia College.

[9]. If you had attended other colleges, what were the **reasons** for doing so?

[10]. Are you enrolled at **any other colleges** [including on-line] in addition to Columbia College (mark "X" in appropriate box)?

	Yes
	No

(b). **Names of the other colleges** you are currently attending:

[11]. Are you a **full-time** or a **part-time** student at Columbia (mark "X" in appropriate box)?

	Full-time
	Part-time
	Other

(a) If "Other", please describe:

[12]. Approximately how far do you commute to school (minutes and/or miles): _____

[13]. If you have attended other colleges, how would you describe Columbia College when compared with others (academically, socially, etc)?

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[14]. Which of the following options below best describes your experiences about financing your education (check all that apply)?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Student Loans |
| <input type="checkbox"/> | Work / employment |
| <input type="checkbox"/> | Federal Student Aid |
| <input type="checkbox"/> | Scholarships |
| <input type="checkbox"/> | Private sources (e.g. parents, grandparents, savings, etc.) |
| <input type="checkbox"/> | Employer contribution(s) |
| <input type="checkbox"/> | Other |

If "Other", please describe

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[15]. Have you ever been on the Dean's List at Columbia College (mark "X" in appropriate box)?

- | | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

If "Yes", how many times: _____

[16]. Are you the kind of student who takes more units than are required for degree or transfer (mark "X" in appropriate box)?

- | | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

If you answered "Yes", what courses have you taken that you "did not need?"

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[17]. If you plan to transfer, will you enroll in demanding courses (i.e. in courses requiring heavy loads of reading, writing, critical reasoning and abstract thinking) (mark "X" in appropriate box)?

- | | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

[18]. I believe my early education (i.e. primary school through high school) was a good preparation for college (mark "X" in appropriate box).

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Agree
<input type="checkbox"/>	Agree somewhat
<input type="checkbox"/>	Disagree
<input type="checkbox"/>	Strongly disagree

[19]. If you could **change something** about your *early education* (before college), (a) what might that be, and (b) why?

[20]. If you could change anything about *your college education* thus far, (a) what would you change, and (b) why?

CLARKE/HAMILTON CLASSES

[1]. Did you know anything about us and/or this course before enrolling?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Please explain:

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[2]. What were your reasons for enrolling in this course (check all that apply)?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | It fit my schedule |
| <input type="checkbox"/> | Subject seemed interesting |
| <input type="checkbox"/> | Just curious |
| <input type="checkbox"/> | My friend(s) were also in the class |
| <input type="checkbox"/> | I needed it for graduation |
| <input type="checkbox"/> | A friend / family member had been in your classes |
| <input type="checkbox"/> | Previously enrolled in a Clarke/Hamilton course |
| <input type="checkbox"/> | Retaking the course |
| <input type="checkbox"/> | Other |

If "Other", please describe:

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[3]. Did you ever consider dropping this course (mark "X" in appropriate box)?

- | | |
|--------------------------|---------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | Sort of |
| <input type="checkbox"/> | No |

If "Yes" or "Sort of", what were the reasons you considered dropping?

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[4]. Why did you stay (persist)? Please describe:

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[5]. Upon reflection, do you believe (mark "X" in appropriate box):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | This class was much too difficult |
| <input type="checkbox"/> | This class was difficult |
| <input type="checkbox"/> | This class was about the right level of difficulty |
| <input type="checkbox"/> | This class was not difficult |
| <input type="checkbox"/> | This class was not difficult at all |

(a) Please explain:

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[6]. Were you counseled **NOT** to take this class and/or to drop this course (mark "X" in appropriate box)?

- | | |
|--------------------------|---------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | Sort of |
| <input type="checkbox"/> | No |

If "Yes," or "Sort of," by whom (mark "X" in appropriate box)?

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | Family |
| <input type="checkbox"/> | Friends |
| <input type="checkbox"/> | Advisor |
| <input type="checkbox"/> | Faculty |
| <input type="checkbox"/> | Other Students |
| <input type="checkbox"/> | Other |

If "Other", please explain:

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[7]. As you probably know, most students avoid taking our courses and of those who initially enroll, most eventually drop. In your opinion, describe what you believe are the most significant reasons for this pattern. What are the most significant reasons why students drop our classes (if you ever dropped, please include your reasons for dropping)?

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[8]. What do you believe was and/or is different about you that you persisted (you may have dropped before eventually persisting) when and where others did not?

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[9]. Do you believe that you made the best use of what this course offers (e.g. extensive office hours, ability to see the work of others, opportunity to get feedback and/or pre-grading on work in-progress, ability to ask questions inside and outside of class about exam questions for at least four weeks, etc.) (mark "X" in appropriate box)?

	I made the very best use of the course
	I made good use of the course
	I made somewhat good use of the course
	I did not make the best use of the course
	I greatly under-utilized the course options
	Other

If "Other", please explain:

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[10]. In comparison with most of the college courses that you have taken (mark "X" in appropriate box),

<input type="checkbox"/>	This class is <u>very similar to</u> most other courses
<input type="checkbox"/>	This class is <u>similar to</u> most other courses
<input type="checkbox"/>	This class is <u>somewhat similar</u> to most other courses
<input type="checkbox"/>	This class is <u>not similar</u> to most other courses
<input type="checkbox"/>	This class is <u>not at all similar</u> to most other courses

Please describe:

(a) Please list the course(s) you have taken from us:

Paula's courses that I completed:	
Ted's courses that I completed:	
Team-Taught courses that I completed:	

[11]. If you were to recommend **changes in our courses**, **what** would those changes be?

(a) What would be the **rationale/reasons** for instituting these changes?

Thank you for your time and input. If you have anything else you would like to say, please feel free to do so.

