

# Evaluation of NASA’s SEMAA (Science, Engineering, Mathematics, and Aerospace Academy) Project

# Student Survey

## Instructions for Completing the Student Survey

- Step 1: Write your name neatly on the lines on the next page. Do not write your name on any other pages.**
  
- Step 2: Fill in the student survey.** Read each question carefully. This is not a test: there are no right or wrong answers. We just want to know what you think. If you do not understand a question, you can ask your parent, but try to think of your own answers to the questions.  
  
Use a pencil to mark your answers. If you want to change one of your answers, be sure to erase the old answer completely and mark the new answer darkly.
  
- Step 3: When you finish the survey:** Put your survey in the envelope labeled “Student Survey.” Give the envelope to your parent.

**The questions in this booklet are not a test. There are no right or wrong answers. We just want to know what you think.**

**Some questions ask you to mark just one answer. These questions say, “Check one box” or “Pick one answer.” For example, in this question you should check only one box:**

How much do you like to learn about plants and animals? Check one box:

- I really do not like it.       I do not like it.       I like it.       I really like it.

**Other questions say, “Check as many boxes as you need.” For these questions, you can mark just one box, or you can mark more than one box. For example, this question says “Check as many boxes as you need.”**

Which of these would you like to learn more about? Check as many boxes as you need.

- How people in ancient times lived
- How clouds are formed
- What happened to the dinosaurs
- How to make a robot
- Types of animals that live in the rainforest
- I don’t want to learn about any of these things.

**If you would like to learn about several of the things in the list, you should mark all of the ones that interest you.**

**Please print your first and last name here on this page. Also tell us when you were born.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

What month, date, and year were you born (date of birth)?

Birthday: Month: \_\_\_\_\_ Date: \_\_\_\_ Year: \_\_\_\_\_

**Please do not write your name on any other pages in this booklet.**

Do not write in Student ID number box. We will give you an identification number in place of your name.

**Student ID number:**

*Some items on this survey were adapted from Modified Attitudes Towards Science Inventory, Weinburgh and Steele (2000) and the Math and Science Interest Survey, Hulett, Williams, Twitty, Turner, Salamo, and Hobson (2004).*

**Please go to the next page.**

## **A. Background Information**

A1. What is today's date? Write the month, date, and year:

Today's date: Month: \_\_\_\_\_ Date: \_\_\_\_ Year: \_\_\_\_\_

A2. Are you a boy or a girl?  Boy  Girl

A3. What grade are you in this year?

4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

SEMAA is a program that NASA runs for students. SEMAA stands for Science, Engineering, Mathematics, and Aerospace Academy. In SEMAA, students learn about science and math. In SEMAA you might learn about the stars and planets, robots, wind, how to use a radio or a computer, how to build airplanes or rockets, or how to work in teams to plan a mission.

**The SEMAA program has two kinds of sessions. There are sessions during the school year and there are summer sessions when children are not in school.**

A4. Have you ever been in the SEMAA program **during the summer** before?  
 Yes  No  I'm not sure

If you said NO to Question A4, SKIP to Question A5.

If you said YES to Question A4, go to Question A4a.

A4a. If YES, how many times have you been in **summer** SEMAA sessions?

- I have never been in a summer SEMAA session
- One summer session
- 2-4 summer sessions
- 5-7 summer sessions
- 8 summer sessions

*If you are Not Sure, please make your best guess.*

- A5. Have you ever been in the SEMAA program **during the regular school year**?  
 Yes       No       I'm not sure

If you said NO to Question A5, SKIP ahead to Question A6.

If you said YES to Question A5., go to Question A5a.

- A5a. If YES, how many times have you been in SEMAA **during the school year**?  
 I have never been in SEMAA during the school year.  
 I went 1 time before to a school year SEMAA session.  
 I went 2-4 times before to a school year SEMAA session.  
 I went 5-7 times before to a school year SEMAA session.  
 I went 8 times before to a school year SEMAA session.

*If you are Not Sure, please make your best guess.*

- A5b. When you were in SEMAA during the school year, what grade were you in? If you went to SEMAA in more than one school year, mark all the grades you were in.

Kindergarten    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>

[Pre-test only]

A6. Why are you applying to the SEMAA program this year? You may check more than one box.

- I went to SEMAA before.
- My brother or sister was in SEMAA before.
- I am excited about SEMAA.
- My brother or sister is excited about SEMAA.
- One of my friends is excited about SEMAA.
- I think it would be fun.
- I think I would learn a lot.
- My parent wants me to go.
- I like science.
- I want to learn more about science.
- I want to meet new friends.
- Other reason: \_\_\_\_\_

[A6. Post-test only]

Why did you want to go to SEMAA this year? You may check more than one box.

- I went to SEMAA before.
- My brother or sister was in SEMAA before.
- I was excited about SEMAA.
- My brother or sister was excited about SEMAA.
- One of my friends was excited about SEMAA.
- I thought it would be fun.
- I thought I would learn a lot.
- My parent wanted me to go.
- I like science.
- I wanted to learn more about science.
- I wanted to meet new friends.
- Other reason: \_\_\_\_\_

**Please go to the next page.**

## B. Interest in Science

The following statements are about the study of science. Please read each statement carefully. Use this scale to show how much you agree or disagree with each statement.

If you <b>STRONGLY DISAGREE</b> :	1	2	3	4
If you <b>DISAGREE</b> :	1	2	3	4
If you <b>AGREE</b> :	1	2	3	4
If you <b>STRONGLY AGREE</b> :	1	2	3	4

It is important that you respond to *every statement*, and that you circle only one number per statement. Some of the rows are shaded to help you line up the statements and the numbers on the same row.

STATEMENTS	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
B1. Science is useful for solving problems of everyday life.	1	2	3	4
B2. Science is something that I enjoy very much.	1	2	3	4
B3. I would like to do some reading in science which has not been assigned to me.	1	2	3	4
B4. Science is easy for me.	1	2	3	4
B5. When I hear the word "science," I have a feeling of dislike.	1	2	3	4
B6. Most people should study some science.	1	2	3	4
B7. Sometimes I read ahead in our science book at school.	1	2	3	4
B8. I don't think I could do advanced science.	1	2	3	4
B9. I think I could do more difficult science work than what I do now.	1	2	3	4
B10. Science is helpful in understanding today's world.	1	2	3	4
B11. I usually understand what we are talking about in science lessons at school.	1	2	3	4
B12. No matter how hard I try, I cannot understand science.	1	2	3	4
B13. I feel tense when someone talks to me about science.	1	2	3	4
B14. I like to understand the scientific explanations for things.	1	2	3	4

**Please go to the next page.**

Here are more statements about science and studying science. Please read each statement carefully, and use the same scale to show how much you agree or disagree with each statement.

<b>STATEMENTS</b>	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
B15. I often think, "I cannot do this," when a science assignment seems hard.	1	2	3	4
B16. When I can't immediately solve a science problem, I stick with it until I have the solution.	1	2	3	4
B17. Science is of great importance to a country's development.	1	2	3	4
B18. It is important to know science in order to get a good job.	1	2	3	4
B19. I like the challenge of science assignments.	1	2	3	4
B20. It makes me nervous to even think about doing science.	1	2	3	4
B21. It scares me to have to take a science class.	1	2	3	4
B22. It is important to me to understand the work I do in science class.	1	2	3	4
B23. I have a good feeling toward science.	1	2	3	4
B24. Science is one of my favorite subjects.	1	2	3	4
B25. I have a real desire to learn science.	1	2	3	4
B26. I do not do very well in science.	1	2	3	4
B27. Sometimes I would like to learn more about science than the teacher covers at school.	1	2	3	4

**Please go to the next page.**

### **C. Out of school activities**

[Pre-test only. On the post-test, “over the summer” will be replaced with “during the last three months”]

Below is a list of activities that you might have done outside of school over the summer. For each activity, please tell us how often you have done these activities **over the summer**.

*Over the summer*, how often did you: Check just one box for each activity.

		Not at all in the past 3 months	One Time	About once a month	About twice a month	About once a week	More than once a week
C1.	Gone to a science museum or zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.	Gone to a sports event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3.	Read a book or magazine about science that was not fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4.	Taken something apart or put something together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5.	Watched a science program on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6.	Watched a sports program on TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.	Used the internet to look up science information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Over the summer*, how often did you: Check just one box for each activity.

		Not at all in the past 3 months	One Time	About once a month	About twice a month	About once a week	More than once a week
C8.	Planned and cooked a meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9.	Used a science kit or done a science project at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C10.	Used a telescope or microscope at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11.	Played a video game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12.	Watched a movie at home or in a theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13.	Read a science-fiction book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14.	Used computers or technology to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



C15. During the past three months, did you do any of the following science or mathematics activities?  
Check as many as you need

























































- A science fair at school
- A science or mathematics club at school
- I have a science or mathematics tutor
- I am a science or mathematics tutor
- I was in the NASA SEMAA program on Saturdays
- I was in a different science or math program outside of school  
(What is the name of this program? \_\_\_\_\_)
- None of the above

**On the next page, we ask you how much you would like to do some activities outside of school. Please make a check mark on your choice for each row, using this scale to show how much you would like, or not like, each of the activities:**

If you would <b>REALLY LIKE</b> the activity:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ?
If you would <b>LIKE</b> the activity:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ?
If you would <b>NOT LIKE</b> the activity:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> ?
If you would <b>REALLY NOT LIKE</b> the activity:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/> ?
If you are <b>NOT SURE</b> about an activity:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> ?

**Please go to the next page.**

How much would you like to do each of these activities outside of school? Please check if you would really like it, would like it, would not like it, or would really not like it.

<b>Activities Outside of School</b>	<b>I would really like it</b>	<b>I would like it</b>	<b>I would not like it</b>	<b>I would really not like it</b>	<b>Not Sure</b>
C16. Use the internet to look up science information					?
C17. Play a video game					?
C18. Plan and cook a meal					?
C19. Watch a movie at home or in a theater					?
C20. Use a science kit or do a science project at home					?
C21. Go to a science museum or zoo					?
C22. Read a science-fiction book					?
C23. Read a book or magazine about science that was not fiction					?
C24. Use computers or technology to solve problems					?
C25. Take something apart or put something together					?
C26. Watch a science program on TV					?
C27. Watch a sports program on TV					?
C28. Go to a sports event					?
C29. Use a telescope or microscope at home					?

**Please go to the next page.**

[This item will only be included on the post-test in the full study.]

**Let's compare how you felt during the summer about some activities and how you feel about these activities now.** Is your interest in doing these activities now more than or less than it was in the summer? Is your interest **much less than** (☐☐), **less than** (☐), **more than** (☐), **much more than** (☐☐) or **about the same** (=) as it was in the summer? For each activity, put a check in the **one** box that best matches how you feel.

Activities Outside of School	Much less now than before	A little less now than before	About the same as before	A little more now than before	Much more now than before
C30. My interest in watching a sports program on TV is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C31. My interest in watching a science program on TV is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C32. My interest in using a telescope or microscope at home is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C33. My interest in taking something apart or putting something together is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C34. My interest in using computers or technology to solve problems is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C35. My interest in going to a sports event is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C36. My interest in watching a movie at home or in a theater is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C37. My interest in reading a science-fiction book is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C38. My interest in reading a book or magazine about science that is not fiction is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C39. My interest in going to a science museum or zoo is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C40. My interest in playing a video game is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C41. My interest in using the internet to look up science information is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C42. My interest in planning and cooking a meal is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C43. My interest in using a science kit or doing a science project at home is:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

## **D. Science and Math in School**

- D1. Does your school have any science activities outside of your regular class, such as a science club?  
Check one box:  
 Yes       No       I am not sure

If you said NO or I AM NOT SURE, skip to Question D2.  
If you said YES, go to Question D1a.

D1a. Do you participate in your school's science club?    Yes       No

- D2. Would you enjoy being in a science club at your school next year? Check one box:  
 Yes       No       I am not sure

- D3. How many times have you ever participated in a science fair or other science-related competition? Check one box:  
 Never       1-2 times       3-4 times       5-10 times       More than 10 times

- D4. Would you enjoy participating in a science fair or other science-related competition next year?  
Check one box:  
 Yes       No       Not sure

- D5. How many times have you ever gone to a science camp? Check one box.  
 Never       1-2 times       3-4 times       5 or more times

- D6. What grade did you get in **science** class last year in school? Check one box.  
 Excellent      (some schools give a letter grade "A")  
 Good      (some schools give a letter grade "B")  
 Satisfactory      (some schools give a letter grade "C")  
 Barely Passing      (some schools give a letter grade "D")  
 Failing      (some schools give a letter grade "U" or "F")  
 I don't know





















































- D7. What grade did you get in **math** class last year in school? Check one box.  
 Excellent      (some schools give a letter grade "A")  
 Good      (some schools give a letter grade "B")  
 Satisfactory      (some schools give a letter grade "C")  
 Barely Passing      (some schools give a letter grade "D")  
 Failing      (some schools give a letter grade "U" or "F")  
 I don't know

## E. Classes in School

On the next page, we ask you about some classes you might take in school. We want to know how much you would like, or not like, these classes. Please make a check mark on your choice for each row, using this scale to show how much you would like, or not like, each of the classes. If you took a class already, check the box on the far right.

	I would really like it	I would like it	I would not like it	I would really not like it	Not Sure	I took this class already
If you would <b>REALLY LIKE</b> the class:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ?	<input type="checkbox"/>
If you would <b>LIKE</b> the class:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ?	<input type="checkbox"/>
If you would <b>NOT LIKE</b> the class:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/> ?	<input type="checkbox"/>
If you would <b>REALLY NOT LIKE</b> the class:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/> ?	<input type="checkbox"/>
If you are <b>NOT SURE</b> about a class:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> ?	<input type="checkbox"/>
If you already took this class:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> ?	<input checked="" type="checkbox"/>

How much do you think you would like these classes? Make a check mark on your choice for each row, using this scale to show how much you would like, or not like, each class:

	I would really like it	I would like it	I would not like it	I would really not like it	Not Sure	I took this class already
E1. Earth Science					?	<input type="checkbox"/>
E2. Life Science					?	<input type="checkbox"/>
E3. Physical Science					?	<input type="checkbox"/>
E4. Biology					?	<input type="checkbox"/>
E5. Chemistry					?	<input type="checkbox"/>
E6. Physics					?	<input type="checkbox"/>
E7. Anatomy and Physiology					?	<input type="checkbox"/>
E8. Computer Science					?	<input type="checkbox"/>
E9. Algebra					?	<input type="checkbox"/>
E10. Geometry					?	<input type="checkbox"/>
E11. Statistics					?	<input type="checkbox"/>
E12. Calculus					?	<input type="checkbox"/>
E13. Astronomy					?	<input type="checkbox"/>

**Please go to the next page.**

**F. College**

If you decide to go to college after you finish high school, how much do you think you would like to study each of these subjects in college? Please make a check mark on your choice: if you would really like it, would like it, would not like it, would really not like it, or if you are not sure about each subject.

		I would really like it	I would like it	I would not like it	I would really not like it	Not Sure
F1.	Art, music, or acting	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F2.	Astronomy	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F3.	Biology	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F4.	Business	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F5.	Chemistry	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F6.	Computer science	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F7.	Engineering	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F8.	Law	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F9.	Literature (books and writing)	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F10.	Math	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F11.	Medicine	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F12.	Physics	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F13.	Teaching	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?
F14.	History	<input type="checkbox"/> 😄	<input type="checkbox"/> 😊	<input type="checkbox"/> 😞	<input type="checkbox"/> 😡	<input type="checkbox"/> ?

**Please go to the next page.**

## G. Jobs

Below is a list of different types of jobs you might do when you are older. How much would you like to do these jobs? Please make one check mark for each job:

	I would really like it	I would like it	I would not like it	I would really not like it	Not Sure
G1. Scientist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2. Entertainer (Actor, singer, dancer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3. College Professor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4. Engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G5. Firefighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6. Computer Scientist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7. Math Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G8. Military Officer (Army, Navy, Air Force, Marines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9. Writer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10. Science Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G11. Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G12. Athlete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G13. Astronaut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G14. Lawyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G15. Construction Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G16. Business Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G17. Police Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G18. Do any of these people have a job in science or math? (Check as many as you need.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mother/Stepmother | <input type="checkbox"/> Aunt/Uncle      | <input type="checkbox"/> Grandparent            |
| <input type="checkbox"/> Father/Stepfather | <input type="checkbox"/> Brother/Sister  | <input type="checkbox"/> Family Friend/Neighbor |
| <input type="checkbox"/> Foster Parent     | <input type="checkbox"/> Friend's Parent | <input type="checkbox"/> Cousin                 |

Thank you for completing the survey!