

**DATA ELEMENTS OF Educator Survey  
Using NASA Resources in the Classroom**

Common Collection Categories	Staff and Project Participant Characteristics	Project Implementation Characteristics	Project Outputs
<b>Part I</b>			
<p>1. Please select the NASA program(s) from which you received NASA education materials (<i>check each that applies</i>):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Aerospace Education Service (AESP)</li> <li><input type="checkbox"/> Digital Learning Network (DLN)</li> <li><input type="checkbox"/> Educator Astronaut Educator Resource Center (ERC)</li> <li><input type="checkbox"/> NASA Explorer Schools (NES)</li> <li><input type="checkbox"/> Science Engineering Mathematics Aerospace Academy (SEMAA)</li> <li><input type="checkbox"/> Unsure</li> <li><input type="checkbox"/> Other, please specify: _____</li> </ul>		x	
<p>2. After participating in a NASA program, I have been confident in my ability to apply the knowledge and/or skills learned.</p> <p>Strongly Agree Agree Neutral Disagree Strongly Disagree</p>			x

<p>3. Did you receive any NASA curriculum materials or publications during the program?</p> <p>Yes            No</p>		X	
<p>4. Did you receive training on materials?</p> <p>Yes            No</p>		X	
<p>5. Have you used these materials in your classroom?</p> <p>Yes            No</p>			X
<p>6) If so, please discuss how you used them, and the outcome, or if not, why not?</p>			X
<p><b>Please indicate the amount you are currently performing the following activities, based on your participation in the program</b></p> <p>7) Sharing the NASA resources with other teachers, formally or informally.</p> <p>A major amount High            Some Minimal            None</p>			X
<p>8) Using NASA resources to enhance my instruction</p> <p>A major amount High            Some Minimal            None</p>			X
<p><b><u>Changes:</u></b></p>			X

<p>9) Based on your program experience, have you changed any of your teaching activities?</p> <p>Yes            No</p>			
<p>10. If yes, which activities did you change or add to?</p> <ul style="list-style-type: none"> <li>– Used NASA materials</li> <li>– Used subject matter covered in the program</li> <li>– Used technology resources introduced in the program</li> <li>– Used web resources presented in the program</li> <li>– Used teaching techniques taught in the program</li> </ul> <p>Other            Please Specify</p>			x
<p><b><u>Barriers:</u></b></p> <p>11. What barriers, if any, have prevented you from using or integrating NASA materials in your classroom? Please a check mark before any or all of the following that apply.</p> <ul style="list-style-type: none"> <li>– Lack of opportunity to use the skills/knowledge</li> <li>– Insufficient knowledge and understanding of the material</li> <li>– Lack of computer and/or technology resources</li> <li>– Not enough time to integrate the material into the curriculum</li> <li>– Systems and processes within the school will not support the use of skills/knowledge</li> <li>– Lack of alignment</li> </ul>			x

<p>between local and/or state standards with NASA content</p> <p>– Other Please Specify:</p>			
<i>Part II: Participant Demographic Data</i>			
<p>1) <b>What is your ethnicity?</b> (Check one)</p> <p>– Hispanic or Latino</p> <p>– Not Hispanic or Latino ___</p> <p>– Do Not Wish to Report ___</p>	X		
<p>2) <b>What is your Race?</b> (Check one or more)</p> <p>– American Indian or Alaska Native ___</p> <p>– Asian ___</p> <p>– Black or African American ___</p> <p>– Native Hawaiian or other Pacific Islander ___</p> <p>– White</p> <p>– Do Not Wish to Report</p>	X		
<p>3) <b>Disability Status?</b> (Check one or more):</p> <p>– Hearing Impairment</p> <p>– Visual Impairment</p> <p>– Mobility/Orthopedic Impairment</p> <p>– Other (specify)</p> <p>– None</p> <p>– Do Not Wish to Report</p>	X		
<p>4) <b>Citizenship?</b> (Choose one)</p> <p>– U.S. Citizen/U.S. National</p> <p>– U.S. Permanent Resident</p> <p>– Other non-U.S. Citizen</p> <p>– Do Not Wish to Report</p>	X		