

NASA Education SCIS Educator Feedback Form -Short Version

Instructions: As a current instructor of the NASA Education Engineering Design Challenge (EDC) Activity, you've been selected to take part in this questionnaire to test a future survey for clarity and comprehensibility. The questions below ask about your experiences with the NASA EDC you instructed in the Fall of 2016. Your answers to these questions will help us learn more about the activity, including what worked well and what we may improve on. Please complete the questions on this survey to the best of your ability. This survey is voluntary. You do not have to take the survey or answer any questions you do not want to. Also, your responses are confidential, meaning that your name will never be tied to your responses and no one will know how you responded to these questions.

We also want to validate the estimate for how long it takes to complete this survey. **Therefore, we ask that you please note the time that you start this survey because we will ask at the end how long it took to complete this survey.**

Thank you very much for your help!

If you wish to participate in this survey, please continue.

Privacy Notice: This is an official NASA application hosted on SurveyMonkey.com. This is not a government application, the application is controlled and operated by a third party. NASA's Web Privacy Policy does not apply to this application. NASA will not maintain, use, or share Personally Identifiable Information (PII) that becomes available through the use of this third party application unless expressly stated and consent is obtained from the user. For additional information on NASA's Third-Party Privacy Notice please go to http://www.nasa.gov/about/highlights/HP_Privacy.html.

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 2700-0159 and expires 04/20/2018. We estimate that it will take 20 minutes to read the instructions and answer the questions. Send only comments relating to this time estimate to: richard.l.gilmore@nasa.gov

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Please rate the extent to which you agree with the following statements regarding the overall training you received on the NASA [INSERT ACTIVITY NAME] program.

* 1. The training met my needs to successfully implement the NASA [INSERT ACTIVITY NAME] program.

Please rate the following aspects of this NASA [INSERT ACTIVITY NAME] Training:

* 2. Please rate the following aspects of this NASA [INSERT ACTIVITY NAME] Training:

Response Options:

a. The quality of the overall training presentation.

b. The quality of the NASA [INSERT ACTIVITY NAME] program content for teaching students about the engineering design process.

c. The quality of the NASA scientist or engineer (sometimes called subject matter experts or SMEs).

* 3. How comfortable are you in implementing the [INSERT ACTIVITY NAME] activities on which you were trained?

Please explain your rating above:

* 4. We are interested in your opinion about the MOST ESSENTIAL parts of this workshop.

Content
(engineering
design process)

Content
(science/math)

Process (e.g.
putting together
the wiring)

Product (e.g.
finishing the
final UAV and
watching it fly)

Implementation,
Teaching
Strategies,
Classroom
Management

If applicable, please explain about your ratings:

* 5. How likely would your peers be interested in learning about and implementing what you learned today?

Please explain your rating:



* 6. Which activities do you expect to use (and/or revise) when implementing in the classroom?

- Printed materials provided
- Subject matter (engineering design, science, math) addressed
- Technology resources introduced
- Web resources shared
- Teaching techniques modeled

If applicable, please explain about your ratings:

7. Please give any other feedback on the training.

Finally, we'd like to ask some questions about you.

* 8. Are you...?

- Female
- Male

* 9. Are you Hispanic or Latino/Latina?

- Yes
- No

* 9. Are you Hispanic or Latino/Latina?

Yes

No

* 10. What is your Race (One or more categories may be selected)?

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White or Caucasian

---End of Test Survey---

Please provide feedback on your experience with this survey by answering the following questions.

* 11. How many minutes did it take you to read the instructions and answer the questions?

* 12. Please indicate the level to which you agree or disagree with each statement.

Response Options

a. The survey instructions were clear.

b. The questions were easy to understand.

* 11. How many minutes did it take you to read the instructions and answer the questions?

* 12. Please indicate the level to which you agree or disagree with each statement.

Response Options

a. The survey instructions were clear.

b. The questions were easy to understand.

13. Do you have any additional comments or feedback on the instructions, questions, or survey navigation?

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Done

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