



STEP-UP Follow-up

OMB # 0925-0748
Expiration Date: 12/2019

STEP-UP Feedback Form

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0748). Do not return the completed form to this address.

Congratulations on your participation in the STEP-UP Program!

Now that the Undergraduate STEP-UP Scientific Research Symposium is over, we would love to gather feedback from you on the quality of the scientific research symposium and your overall level of satisfaction with the program. Your response to the survey is completely confidential and voluntary. In the event of any presentation resulting from the survey, no personally identifiable information will be shared. If you are interested in providing additional feedback regarding your experience, please contact us at stepupniddk@mail.nih.gov.

	Poor	Fair	Good	Very Good	Excellent	Not Applicable
Career Development Session - Interviewing for Medical School and Graduate School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career Development Session - Finding the Right Mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career Development Session - Financing Graduate Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career Development Session - Post-Bac opportunities at NIH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feedback from Judges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

*** 2. What could we do to improve future Scientific Research Symposiums?**

*** 3. What other topic(s) would you like to learn about or discuss at the Scientific Research Symposium that were not covered?**

*** 4. What part of Scientific Research Symposium should be removed in future years?**

*** 5. What coordinating center were you part of?**

- Children's Hospital Los Angeles
- Pennsylvania State University, Hershey
- University of Alabama, Birmingham

*** 6. Overall how satisfied are you with aspects of the STEP-UP Program?**

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Not Applicable
Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The application process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STEP-UP Application Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with NIDDK Program Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Not Applicable
The Mentor- Mentee matching process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your interaction with your research mentor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The interaction with other staff in your research lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your area of research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your level of communication with your coordinating center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The instruction and guidance given to you to successfully complete the program requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 7. Please provide suggestions to improve communication with your coordinating center.**

*** 8. Please provide suggestion to improve the program.**

*** 9. After completing the STEP-UP Program how likely are you to pursue the following:**

	Extreme Unlikely	Unlikely	Undecided	Likely	Extremely Likely
Apply to the next years STEP-UP Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consider pursuing a career in biomedical research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply to Graduate School in a Science, Technology, Engineering or Math related discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply to Professional School (Medical, Dentistry, or Veterinarian)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage friends to apply in the STEP-UP Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in research in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 10. Help us to make STEP-UP better. Please provide any additional comments or recommendations.**

Recommendations:

*** 11. Help us with outreach, what would you tell a friend about your STEP-UP experience?**

*** 12. Please describe what your academic status will be in the Fall. (Select one)**

- Sophomore
- Junior
- Senior

*** 13. How many times have you participated in the STEP-UP program? (Select one)**

- Once
- Twice
- Three
- Four

*** 14. How would you describe your gender? (Select one)**

- Male
- Female
- Prefer not to answer

*** 15. Please describe your race. (Allow for user to select more than one)**

- African American/Black
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- White

Other (please specify)

*** 16. Are you Hispanic or Latino?**

- Yes
- No

17. Have you been diagnosed with a disability that substantially limits one or more major life activities?

- Yes
- No
- Prefer Not to Answer

18. Do you think the STEP-UP Symposium should be held at NIH in future years? Please provide a reason.

Prev

Next