

**Appendix 3 – Sample Survey Forms**

**[Insert High School Name Here]  
College Access Program  
Student Participant Year-End Survey**

<i>Please rate the following college access activities and how much help they were in preparing you for or understanding college.</i>	No Help	Little Help	Some Help	Much Help	Did not Participate
1. Information provided about expectations of college level classes, preparation of college life, and study/time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Completion of the FAFSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Completing the Funding Estimator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Conducting a Scholarship Search	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Visit to the college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. College Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Educational Planning Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Financial Aid Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Additional Activity [List]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. College Collaboration Activity [List]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Business Partnership Activity [List]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What activities did you like most? Why?

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13. What activities did you like least? What would change?

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<i>Please check the box that best answers the statement for you.</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
14. I enjoyed the activities I participated in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The activities made me think more positively about going to college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. There were things I learned that I didn't know before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The overall quality of the activities met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I learned something through the activities that will make it more likely for me to attend college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What activities may have changed your mind about attending college? What about these activities might make you more likely or less likely to go to college?

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20. What were the top two things you learned from the activities?

- 1.
- 2.

21. What activities would you like to see next year?

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22. What things might still be standing in your way of college?

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**Graduating Seniors Only:**

1. Are you enrolled in a college?

Yes  No  Not Sure

*If yes, what type of college?*

- 2-year Community College
- Technical or Trade School
- 4-year College or University
- Other \_\_\_\_\_

1. Is there a possibility you would change your mind about attending or not attending?

Yes  No  Not Sure

2. Was there anything the school/counselors in the program could have done differently?

Yes  No  Not Sure

*Please explain:*

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3. Thinking back to when you were in 9<sup>th</sup> grade, were you planning on attending college at that time?

Yes  No  Not Sure

*If no, what changed your mind?*

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*If yes, what changed your mind?*

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*You or your family will be contacted in September or October to complete a very brief follow-up survey about you attending college. Please provide us with your most current contact information (or what you might expect it to be in the fall).*

Your cell phone number \_\_\_\_\_

Your e-mail address \_\_\_\_\_

Parents phone number \_\_\_\_\_

Parents e-mail address \_\_\_\_\_

Parents mail address \_\_\_\_\_