

FIRST YEAR EXPERIENCE SURVEY

Last Name
First Name
Student I.D. Number
Date of Birth

1. **Student Status** (select one): Full Time (12 + units) Part-Time (less than 12 units)

2. **Gender** (select one): Male Female

3. **Indicate when you began your first college semester:**

Summer School Year	
Fall Semester Year	
Other semester at Gavilan Year	
Previously attended other college	

4. **How many miles is Gavilan College from your home?** (select one):

5 or less miles	
6 – 10 miles	
11 – 50 miles	
51 – 100 miles	
101 – 200 miles	

5. **Which of the following statements applies to you?** (select one)

a. I was born in the United States

OR

b. I came to the United States: Before age 6 Between ages 6 – 12 After age 12

6. **Is English your first language?** Yes No

7. **What is your best guess as to the chance you will do the following:** (select one for each item)

	Good Chance	Some Chance	No Chance
a. Change your major?			
b. Change your career choice?			
c. Get a part-time job to help pay for college expenses?			
d. Work full-time while attending college?			

8. **How confident are you that your skills & ability will help you be successful in college?** (select one)

Very Confident	
Some Confidence	
Little Confidence	
No Confidence	

9. With regard to your satisfaction with the First Year Experience (FYE) program, how helpful has FYE been with the following: (select one for each item)

	Very Helpful	Somewhat Helpful	Not Helpful
a. Creating an overall sense of community among the students			
b. Enhancing your overall college experience			
c. Increased the amount of contact with your instructors			
d. The linked courses inspired you to think in new ways			
e. Had a positive affect on your level of attendance			
f. Connections between your GUID 1 and Reading & Writing Instructors?			

10. Since entering this college, how often have you interacted with the following people (for example, by phone, email, instant messenger, or in person): (select one for each item)

	Occasionally	Often	Never
a. Teachers during office hours			
b. Teachers outside of office hours			
c. Academic advisors or counselors			
d. Other college staff			
e. Your friends at Gavilan College			
f. Your friends not at Gavilan College			
g. Your family			

11. Since entering Gavilan College, how successful have you felt at: (select one for each item):

	Very Satisfied	Somewhat Satisfied	Unsatisfied
a. Understanding what teachers expect			
b. Developing good study skills			
c. Adjusting to academic demands of college			
d. Managing time effectively			
e. Getting to know teachers			
f. Making friends with other students			
g. Using campus services (library, etc)			

12. Indicate the programs you participate in now or have participated in since you have been a student at Gavilan College: (select all that apply)

	Participate Now	Previously	Never
a. EOPS			
b. Summer Bridge			
c. Trio			
d. First Year Experience (FYE)			
e. DSP&S			
f. CalWorks			
g. CARE			

13. Rate yourself on each of the following traits: (select one for each item)

	Above Average	Average	Below Average
a. Study Skills			
b. Creativity			
c. Computer skills			
d. Internet skills			
e. Drive to achieve			
f. Emotional health			
g. Leadership ability			
h. Mathematical ability			
i. Physical health			
j. Self-confidence			
k. Self-understanding			
l. Understanding of others			
m. Writing ability			
n. Reading ability			
o. Academic ability			

14. Have you had, or do you feel you will need tutoring in any of the following subjects: (select one for each item)

	Had tutoring	Will need tutoring	Do not need tutoring
a. English			
b. Reading			
c. Mathematics			
d. Social Studies (Soc, Psyc, Hist, etc.)			
e. Science			

f. Foreign Language			
g. Writing			
h. Study Skills			
i. Other (please list below)			

15. Please rate your satisfaction with each of the following at Gavilan College. If you did not use the facility select “No Experience”: (select one for each item)

	Satisfied	Unsatisfied	No Experience
a. Classroom facilities			
b. Computer facilities			
c. Library facilities			
d. Academic counseling			
e. Tutoring Center			
f. Admission & Records			
g. Financial Aid Office			
h. Career/Transfer Center			
i. Health Center/Services			
j. Recreation Facilities			
k. Writing Center			

16. For the activities below, indicate which ones you have done this semester: (select one for each item)

	Frequently	Occasionally	Never
a. Was bored in class			
b. Tutored another student			
c. Studied with other students			
d. Felt overwhelmed by all I had to do			
e. Felt depressed			
f. Performed volunteer work			
g. Asked a teacher questions after class			
h. Came late to class			
i. Used the internet for homework			
j. Used a computer on campus			
k. Spoke up in class			
l. Turned in assignments late			
m. Skipped class			
n. Received tutoring			
o. Met with a counselor			

p. Job interfered with my schoolwork			
q. Family interfered with my schoolwork			
r. Joined an athletic team			
s. Joined a campus club			
t. Use Email			

Survey inspired by UCLA Higher Education Research Institute, 2005