

End of Season Survey 2018-19

End-of-year Team Survey

Thank you for taking the time to complete this Student-Athlete Survey regarding your experiences as a student-athlete (s/a) at CCSU. Your responses will be CONFIDENTIAL. Using the following scale, please rate your experiences for your most recent competitive season.

- Outstanding** Exemplary performance in all areas.
- Exceeds Expectations** Surpasses the standards and performance expectations in many important areas.
- Meets Expectations** Good performance. Consistently meets standards and performance expectations in important areas.
- Below Expectations*** Performance does not meet expectations in some important areas; below expected levels. Improvement needed.
- Unsatisfactory*** Performance falls below expectations in many areas. Substantial improvement critical.

*Please provide a brief explanation for ratings of Unsatisfactory or Below Expectations in the "Comments" section.

1. Your name (OPTIONAL)

2. Sport*

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Strength and Conditioning

3. Strength and Conditioning

Outstanding Exceeds Expectations Meets Expectations
Below Expectations* Unsatisfactory* Not Applicable

Did you feel that you received appropriate nutritional advice/education?

Development of a year round strength and conditioning program with clear goals for your sport.

Instruction and supervision of S/A by Strength and Conditioning Staff.

Condition and maintenance of the Strength and Conditioning Facility.

Has the Strength and Conditioning Newsletter sent out monthly provided you with helpful information?

Availability of Strength and Conditioning staff for questions and concerns.

4. Comments on Strength and Conditioning

Sports Medicine

5. Sports Medicine

	Outstanding	Exceeds Expectations	Meets Expectations
	Below Expectations*	Unsatisfactory*	Not Applicable
Availability of sports medicine staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Team Doctors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of care received from sports medicine staff regarding athletically related issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of care received from team doctor(s) regarding athletically related issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of communication from the Sports Medicine Staff on explaining/educating you on your injury/illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional environment for student-athletes in Athletic Training Facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of coverage at in-season practices and competition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Comments on Sports Medicine

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Academic Services and Career Development

7. Academic Services and Career Development

	Outstanding	Exceeds Expectations	Meets Expectations
	Below Expectations*	Unsatisfactory*	Not Applicable
Usefulness of the Student-Athlete Handbook/Planner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility of academic support staff for student athletes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility and use of Academic Tutors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of support from academic services staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy of academic information from academic support staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment of institution to minimize the number of classes missed for competition/travel during season.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Comments about Academic Services and Career Development

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Coaching

11. Coaching

	Outstanding	Exceeds Expectations	Meets Expectations
	Below Expectations*	Unsatisfactory*	Not Applicable
Head Coach's ability to communicate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Coaches ability to communicate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Coach's ability to motivate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Coach's ability to promote team discipline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Coach's ability to plan effective practice sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Coach's accessibility off the field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of coaches support for academic responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Coach as a role model educator and mentor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of coaches support of personal development of student-athlete outside of athletics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of commitment displayed by coaching staff to adhere to NCAA, conference and institutional rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Comments on Coaching

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Equity, Welfare and Student Services

13. Did you experience any of the following in your role as a student-athlete at CCSU THIS YEAR?

Did you experience negative stereotyping because you were a student-athlete? If yes, please explain below.

Did you feel your participation in athletics hindered your academic performance?

Did you ever miss class to attend practice?

Did you ever miss practice to attend class?

Were you a part of any hazing activities?

Did you witness/experience unfair treatment based on religious/cultural beliefs or practices by any member of the CCSU Athletic Community?

Did you witness/experience unfair treatment of an LGBT (lesbian, gay, bisexual or transgender) person by any member of the CCSU Athletic community?

Did you take part in community service initiatives with your team?

Was participation in community service a positive experience?

Were you aware of the faculty athletics representative and his role in athletics?

14. If you answered that you were affected by any of the questions above, please comment here.

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Final Questions

15. Have you visited the Athletics Wellness Room in Kaiser Hall?

Yes

No

Other, please specify

16. If you answered yes to visiting the Athletic Wellness Room, how often did you visit?

17. Please share any comments that you may have about the Athletic Wellness Room (eg, suggestions, comments, etc).

18. Were you an active participant in SAAC (Student-Athlete Advisory Council)?

Yes

No

19. Did you participate in SAAC sponsored activities (ex, Dodgeball Tournament, Money Wars, etc.)?

No

Yes

20. DID YOU ATTEND THE STUDENT-ATHLETE MANDATORY MEETINGS DURING THE ACADEMIC YEAR (PLEASE SELECT THOSE WHICH YOU ATTENDED)

IF YOU DID NOT ATTEND, PLEASE EXPLAIN WHY.

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