

Student-Athlete Survey

This interview is designed to solicit information that will be used to assist the department in the evaluation of our athletics programs. It is our goal to become the model of excellence in intercollegiate athletics. To attain this goal we need your feedback to identify areas for improvement. Your honest and thoughtful responses are greatly appreciated. The survey is completely anonymous. The information you provide will remain confidential and only a summary of responses will be shared with the Director of Athletics and the Athletics Administration.

Your answers to these questions will be kept confidential and will only be reported in aggregate form for review by the athletics department administration and other appropriate university administrative personnel.

Directions: Please read each question carefully. Answer the question by choosing the most appropriate response or by typing your response in the text box. Multisport student-athletes should complete the survey from the perspective of the sport they just finished. **Remember to schedule a meeting with your sport administrator and/or the Faculty Athletics Representative for a one-on-one interview.**

DEMOGRAPHICS

What is your year in school?

- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Other

What is your current enrollment status?

- Incoming Freshman
- Incoming Transfer
- Continuing Student

What sport do you play?

- | | | |
|---|--|---|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Men's Soccer | <input type="checkbox"/> Women's Tennis |
| <input type="checkbox"/> Men's Basketball | <input type="checkbox"/> Women's Soccer | |
| <input type="checkbox"/> Women's Basketball | <input type="checkbox"/> Softball | |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Men's Swimming & Diving | |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Women's Swimming & Diving | |
| <input type="checkbox"/> Football | <input type="checkbox"/> Indoor Track & Field | |
| <input type="checkbox"/> Men's Golf | <input type="checkbox"/> Outdoor Track & Field | |
| <input type="checkbox"/> Women's Golf | <input type="checkbox"/> Volleyball | |

What is your gender?

- Male
- Female
- Transgender

What is your race/ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> Non-resident Alien (i.e. International) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other (Please Specify) _____ |

Are you considered an international student?

- Yes
- No

What is your athletics scholarship status?

- Full Scholarship
- Partial Scholarship
- No Scholarship

Do you have an academic scholarship (out-of-state waiver, department scholarship, BOG, Dean’s, Provost, etc.)?

- Yes
- No

TIME DEMANDS

Please indicate how much time you spend on the following:

	Too Much Time	Enough Time	Not Enough Time
Athletic Activities			
Academics			
Social			
Community Service			
Sleep			
Other			

COACHING STAFF

Please indicate your level of satisfaction with the following coaching staff members:

	Extremely Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied
Head Coach				
Assistant Coach				
GAs, Volunteer and Part-Time Coaches				
Strength and Conditioning Staff				
Athletic Training Staff				

Additional Comments:

Did your coach(es) prescribe student-athlete conduct rules for you and your team?

- Yes
- No

Were the student-athlete conduct rules explained well?

- Yes
- No

Were those student-athlete conduct rules enforced?

- Yes
- No

If your coach(es) prescribed student-athlete conduct rules, do you believe these rules were fair and in the best interest of your team?

- Yes
- No

How much playing time do you feel you had in your last year?

- 0-25%
- 26-50%
- 51-75%
- 76-100%

Additional Comments:

ACADEMIC SUPPORT SERVICES FOR ATHLETICS

Please indicate your level of satisfaction with the following academic support services:

	Extremely Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Extremely Dissatisfied
Academic Advisors (ACIA)					
Career Counseling					
Faculty/Professors					
Life Skills Programming					
Study Hall					
Tutoring					

Did you select the academic major/field you wanted?

- Yes
- No

Did you feel pressure to select a particular academic major/field?

- Yes
- No

Please indicate your level of satisfaction:

	Extremely Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Extremely Dissatisfied
I feel my institution provides me with the necessary academic resources to be successful.					
I am able to be academically successful at this institution.					

FACILITIES

Please indicate your level of satisfaction with the following facilities:

	Extremely Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Extremely Dissatisfied
Competition Facilities					
Practice Facilities					
Locker Room					
Athletic Training Room					
Weight Room					
Equipment Room					
On-Campus Housing					
On-Campus Dining Services					

INCLUSION

Please indicate your level of satisfaction:

	Extremely Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Extremely Dissatisfied
I feel all student-athletes are treated equally regardless of their sport.					
My coaches have created an inclusive environment for all members of my team.					

Do you believe you are treated differently from other student-athletes with respect to the following:

	Yes	No
Facilities		
Meal Plans		
Housing		
Academics		
Travel Accommodations		
Modes of Transportation		
Athletic Training		
Strength and Conditioning		
Equipment		
Sports Information		

HEALTH AND SAFETY

Please indicate your level of satisfaction:

	Extremely Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Extremely Dissatisfied
I am satisfied with the care I have received from the medical staff (i.e., trainers, doctors, physical therapists) when I have had physical health issues.					
I feel the athletic department staff is concerned with my mental health and well-being.					
I feel I have the opportunity to obtain counseling services if I were having difficulty resolving an issue (i.e. stress, grief, depression, anxiety, relationship problems).					
I feel safe traveling to away from home competitions.					
I feel safe on my institution's campus.					

OVERALL COLLEGE EXPERIENCE

Please indicate your level of satisfaction:

	Extremely Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Extremely Dissatisfied
I am satisfied with my athletics experience.					
I am satisfied with my academic experience.					
I am engaged with the campus community.					
If given the opportunity, I would make the same decision in attending this institution.					
I would recommend this institution to prospective students.					
I am glad I made the decision to attend this institution.					

Please indicate your feelings about the campus community:

	Extremely Inhospitable	Inhospitable	Neither Inhospitable nor Hospitable	Hospitable	Extremely Hospitable
Campus Racial Climate					
Athletic Racial Climate					

