

DEMOGRAPHICS

1. Regarding personal gender identity, how do you describe yourself

- Male
- Female
- Transgender, male to female
- Transgender, female to male
- Transgender, non-conforming
- Other _____

2. Sport(s)

- Men's _____
- Women's _____

3. What were your dates of your attendance at Oakland?

- Beginning term and Year: Fall Winter Year: _____
- Ending term and Year: Fall Winter Year: _____

Still attending Oakland, but will be transferring to: _____

4. What is your ethnicity?

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

5. Which of the following best describes your financial-aid status as a student-athlete?

Check all that apply:

- Full athletics scholarship
- Partial athletics scholarship
- Academic scholarship
- Athletics and academic scholarship
- No scholarship of either type
- Needs based aid

ATHLETICS

6. RECRUITMENT

| <i>How important were the following in the selection of a school?</i> | Very Important | Important | Neutral | Unimportant | Very Unimportant | Not Applicable |
|--|----------------|-----------|---------|-------------|------------------|----------------|
| Location | | | | | | |
| Reputation of institution | | | | | | |
| Academic program | | | | | | |
| NCAA Division I status | | | | | | |
| Athletics program | | | | | | |
| Financial Aid | | | | | | |
| Coach(es) | | | | | | |
| Friendly atmosphere | | | | | | |
| Friends at institution | | | | | | |
| Different culture than home | | | | | | |
| The campus | | | | | | |
| Reasonable cost/affordability | | | | | | |
| Family member attended institution | | | | | | |
| Comment on any issues related to Recruitment that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

- Did your head coach make any promises to you as a recruit that were not kept?
 - If no, continue to the next section.
 - If yes, provide additional details about the unmet promise(s). _____

7. HEAD COACH (If there has been a change in your head coach since you have been at OU, base your answers on your most recent coach.)

| <i>Please rate your level of agreement with the following statements about your head coach.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|---------|----------|-------------------|----------------|
| My coach made fair decisions | | | | | | |
| My coach took a personal interest in me outside of athletics | | | | | | |
| My coach was knowledgeable about my sport | | | | | | |
| My coach emphasized the importance of academic achievement | | | | | | |
| My coach was considerate of any injuries I experienced | | | | | | |
| My coach values good sportsmanship | | | | | | |
| My coach applied discipline equally to all team members | | | | | | |
| My coach was sensitive to demands on my time | | | | | | |
| My coach helped me achieve my athletic goals | | | | | | |
| My coach helped me achieve my academic goals | | | | | | |
| My coach demonstrated concern for my well-being | | | | | | |
| My coach communicated effectively with me | | | | | | |
| My coach used positive methods to motivate me | | | | | | |
| My coach fairly assessed my athletic ability as the season progressed | | | | | | |
| My coach believes winning is more important than anything else | | | | | | |
| My coach demonstrated behaviors that reflected ethical practices | | | | | | |
| My coach was professional | | | | | | |
| My coach clearly communicated team rules | | | | | | |
| My coach was able to meet my needs as a student-athlete | | | | | | |
| I have a good relationship with my coach | | | | | | |
| My coach respects me | | | | | | |
| I respect my coach | | | | | | |
| Comment on any issues related to head coach that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

8. If you did not have your athletic or academic needs met by your head coach, did you go to someone to discuss any issues you were having?
- If no, why not? _____ If yes, who did you go to and why? _____
 - Was the person who you went to for help assist you in resolving the issue(s) you were having with your head coach?
 - Yes No

9. ASSISTANT COACH(ES) (If there has been a change in your assistant coach(es) since you have been at OU, base your answers on your most recent assistant coaches.)

| <i>Please rate your level of agreement with the following statements about your assistant coach(es).</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| My assistant coach(es) made fair decisions | | | | | | |
| My assistant coach(es) took a personal interest in me outside of athletics | | | | | | |
| My assistant coach(es) was knowledgeable about my sport | | | | | | |
| My assistant coach(es) emphasized the importance of academic achievement | | | | | | |
| My assistant coach(es) was considerate of any injuries I experienced | | | | | | |
| My assistant coach(es) values good sportsmanship | | | | | | |
| My assistant coach(es) applied discipline equally to all team members | | | | | | |
| My assistant coach(es) helped me achieve my athletic goals | | | | | | |
| My assistant coach(es) was sensitive to demands on my time | | | | | | |
| My assistant coach(es) helped me achieve my academic goals | | | | | | |
| My assistant coach(es) demonstrated concern for my well-being | | | | | | |
| My assistant coach(es) communicated effectively with me | | | | | | |
| My assistant coach(es) used positive methods to motivate me | | | | | | |
| My coach believes winning is more important than anything else | | | | | | |
| My assistant coach(es) demonstrated behaviors that reflected ethical practices | | | | | | |
| My assistant coach(es) was professional | | | | | | |
| My assistant coach(es) clearly communicated team rules | | | | | | |
| My assistant coach(es) was able to meet my needs as a student-athlete | | | | | | |
| I have a good relationship with my assistant coach(es) | | | | | | |
| My assistant coach(es) respects me | | | | | | |
| I respect my assistant coach(es) | | | | | | |
| Comment on any issues related to your assistant coach(es) that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

If you did not have your athletic or academic needs met by your assistant coach(es), did you go to someone to discuss any issues you were having?

- If no, why not? _____ If yes, who did you go to and why? _____
- Was the person who you went to for help able to assist you in resolving the issue(s) you were having with your head coach?
 - Yes. Please provide information about how the issue was resolved. _____
 - No
- If you had more than one assistant coach, please indicate if you included all assistant coaches in your ratings in the table above or if you were including only one coach (include the name of the coach). _____
- If you had more than one assistant coach, please describe any differences between the assistant coaches that you feel affected you in any of the areas listed in the table above. _____

10. ALL COACHING STAFF

| Did any coaching staff ever exhibit any of the following: | Yes | If yes, Please provide additional details about the situation | No |
|--|--------------------------|---|--------------------------|
| Inappropriate physical contact. | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Inappropriate verbal communication | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| Inappropriate behavior that created mental/emotional stress for me | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

If you experienced any of the above types of abuse listed above, did you go to someone to discuss any issues you were having?

- If no, why not? _____
- If yes, who did you go to and why? _____
- Was the person who you went to for help able to assist you in resolving the issue(s)?
 - Yes. Please provide information about how the issue was resolved. _____
 - No

Were you aware of other ways to address your concerns about any of the above issues?

- Yes. Please explain what you know about these other ways to address your concerns. _____
- No

Were you aware of opportunities to formally evaluate your coach?

- Yes. Please list those opportunities. _____
- No

11. SPORT FACILITIES

| <i>Please rate your level of agreement with the following statements about your sports facilities</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| The playing facilities for my sport were safe. | | | | | | |
| The playing facilities for my sport were in accordance with regulations. | | | | | | |
| I was aware of emergency procedures (fire, tornado, active shooter, medical) to follow in the playing facilities for my sport. | | | | | | |
| The practice facilities for my sport were safe. | | | | | | |
| The practice facilities for my sport were in accordance with regulations. | | | | | | |
| I was aware of emergency procedures (fire, tornado, active shooter, medical) to follow in the practice facilities for my sport. | | | | | | |
| Comment on any issues related to Sport Facilities that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

12. EQUIPMENT

| <i>Please rate the level of agreement with the following statements regarding your team's equipment.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| The equipment issued to my team was in safe condition. | | | | | | |
| The equipment issued to my team was in accordance with regulations. | | | | | | |
| The game uniforms were satisfactory. | | | | | | |
| The practice clothing was satisfactory. | | | | | | |
| Comment on any issues related to Equipment that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

13. STRENGTH AND CONDITIONING

| <i>Please rate your level of agreement with the following statements about strength and conditioning.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|---------|----------|-------------------|----------------|
| Strength and conditioning personnel were available when needed. | | | | | | |
| Strength and conditioning personnel were supportive. | | | | | | |
| Strength and conditioning personnel helped me develop sport-specific fitness | | | | | | |
| Strength and conditioning personnel were professional | | | | | | |
| Strength and conditioning personnel demonstrated behaviors that reflected ethical practices | | | | | | |
| The hours of operation for the strength and conditioning were compatible with my practice schedule. | | | | | | |
| Strength and conditioning did not interfere with my ability to attend class. | | | | | | |
| Strength and conditioning did not interfere with my ability to study outside of class. | | | | | | |
| Comment on any issues related to Strength and Conditioning that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

14. SPORTS MEDICINE

| <i>Please rate your level of agreement with the following statements about sports medicine services.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| Sports medicine personnel were available when needed | | | | | | |
| Sports medicine personnel were supportive | | | | | | |
| Sport Medicine personnel were professional | | | | | | |
| Sports medicine personnel were knowledgeable about injury rehabilitation techniques | | | | | | |
| Sports medicine personnel were knowledgeable about injury prevention techniques | | | | | | |
| Sports medicine personnel were sensitive to the need to refer complicated problems to a physician | | | | | | |
| Sports medicine personnel were sensitive to the need to refer problems outside of their expertise to a physician/other health care professional in a timely manner | | | | | | |
| Sports medicine personnel kept private information confidential | | | | | | |
| Sports medicine personnel demonstrated behaviors that reflected ethical practices | | | | | | |
| Injury rehabilitation did not interfere with my ability to attend class | | | | | | |
| Injury rehabilitation did not interfere with my ability to study outside of class | | | | | | |
| The hours of operation of the sports medicine facilities were compatible with my practice schedule | | | | | | |
| Communication within Sports Medicine enabled me to receive appropriate services in a timely manner | | | | | | |
| I received helpful information from the nutritionist | | | | | | |
| The sports psychologist offered valuable assistance | | | | | | |
| Comment on any issues related to Sports Medicine that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

15. COMPLIANCE

| <i>Please rate your level of agreement with the following statements about compliance.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|---------|----------|-------------------|----------------|
| Compliance personnel were available when needed | | | | | | |
| Compliance personnel were supportive | | | | | | |
| Compliance personnel were professional | | | | | | |
| Compliance personnel were knowledgeable about NCAA rules/regulations | | | | | | |
| Compliance personnel were knowledgeable about Oakland University rules/regulations | | | | | | |
| Compliance personnel demonstrated behaviors that reflected ethical practices | | | | | | |
| Comment on any issues related to Compliance that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

16. ACADEMIC SERVICES – WITHIN ATHLETICS

| <i>Please rate your level of agreement with the following statements about academic services within Athletics.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| Academic Services personnel within Athletics were available when needed. | | | | | | |
| Academic Services personnel within Athletics were supportive. | | | | | | |
| Academic Services personnel within Athletics provided helpful academic advising services. | | | | | | |
| The hours of operation of the Grizz were compatible with my academic schedule. | | | | | | |
| The hours of operation of the Grizz were compatible with my practice schedule. | | | | | | |
| I was able to choose a major(s) of my choice without being influenced by Athletics and/or my coach(es). | | | | | | |
| Comment on any issues related to Academic Services within Athletics that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

17. DIVERSITY AND INCLUSION

| <i>Please rate your level of agreement with the following statements about Athletics' commitment to diversity</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|---------|----------|-------------------|----------------|
| Athletics is committed to promoting diversity and inclusion | | | | | | |
| My coach(es) is(are) committed to promoting diversity and inclusion | | | | | | |
| Athletics encouraged minority student-athlete participation in the decision-making process (e.g. SAAC) | | | | | | |
| Athletics encouraged minority student-athletes to take on leadership roles (e.g. SAAC) | | | | | | |
| Athletics encouraged participation of all students in diversity-related educational programs | | | | | | |
| Athletics offered educational and support programs in the area of sexual orientation | | | | | | |
| Comment on any issues related to diversity and inclusion that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

18. GENDER EQUITY

| <i>Please rate your level of agreement with the following statements about Athletics' commitment to gender equity. Consider each item below to be preceded by the following statement: "Gender equity exists when considering . . ."</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| Equipment | | | | | | |
| Practice times | | | | | | |
| Game times | | | | | | |
| Modes of travel for away competition | | | | | | |
| Meals on the road | | | | | | |
| Hotel accommodations on road trips | | | | | | |
| Coaching support | | | | | | |
| Locker room facilities | | | | | | |
| Competition facilities | | | | | | |
| Access to sports medicine | | | | | | |
| Access to housing services | | | | | | |
| Access to on-campus dining services | | | | | | |
| Access to weight room | | | | | | |
| Access to weight room personnel | | | | | | |
| Sports information coverage | | | | | | |
| Recruiting resources | | | | | | |
| Fair assessment of your athletics abilities | | | | | | |
| Access to Academic Skills Center tutors | | | | | | |
| Access to Grizz | | | | | | |
| Access to the Academic Center | | | | | | |
| Comment on any issues related to gender equity that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

19. RULES EDUCATION AND RESOURCES

Did you have an understanding of the following?

- NCAA Rules Yes No
- Conference Rules Yes No
- Institutional Rules Yes No

| How effective were the following methods in informing you of institutional, conference and NCAA rules? | Effective | Somewhat Effective | Neutral | Somewhat Ineffective | Ineffective |
|--|-----------|--------------------|---------|----------------------|-------------|
| Periodic rules education with compliance staff | | | | | |
| Periodic rules education with your coach(es) | | | | | |
| Periodic rules education with your Student-Athlete Advisory Committee (SAAC) representative | | | | | |
| Student-athlete handbook | | | | | |
| Periodic emails | | | | | |
| Periodic publications | | | | | |
| Other, please specify: _____ | | | | | |

20. COMPARISON TO OTHER HORIZON LEAGUE SCHOOLS

| How does Athletics at OU compare to other Horizon League schools when you competed on their campuses? | Better | Equal | Worse |
|--|--------|-------|-------|
| Competition facility for your sport | | | |
| Locker room for your sport | | | |
| Equipment conditions | | | |
| Uniforms | | | |
| Sports medicine services (athletic trainers, nutrition, sports psychology) | | | |
| Comment on any issues related to other Horizon League Schools that were not addressed in this section or that you feel need further explanation: _____ | | | |

21. ATHLETIC ADMINSTRATORS

| <i>Please rate your level of agreement with the following statements about the Athletic Administrator assigned to your team.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|---------|----------|-------------------|----------------|
| My Athletic Administrator was available when needed. | | | | | | |
| My Athletic Administrator was supportive. | | | | | | |
| My Athletic Administrator was visible in his/her office | | | | | | |
| My Athletic Administrator attended practices | | | | | | |
| My Athletic Administrator attended competitions | | | | | | |
| My Athletic Administrator demonstrated behavior that reflected ethical practices. | | | | | | |
| My Athletic Administrator was professional | | | | | | |
| Comment on any issues related to Strength and Conditioning that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

OAKLAND UNIVERSITY - OUTSIDE OF ATHLETICS

22. ACADEMIC SERVICES – ***OUTSIDE OF ATHLETICS***

| <i>Please rate your level of agreement with the following statements about Academic Services you received outside of athletics.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| Academic Services personnel <i>outside of Athletics</i> were available when needed. | | | | | | |
| Academic Services personnel <i>outside of Athletics</i> were supportive. | | | | | | |
| Academic Services personnel <i>outside of Athletics</i> provided helpful academic advising services. | | | | | | |
| The hours of availability for Academic services <i>outside of Athletics</i> were compatible with my academic schedule. | | | | | | |
| The hours of availability for Academic services <i>outside of Athletics</i> were compatible with my practice schedule. | | | | | | |
| The Tutoring Center/Services outside of Athletics (North Foundation and housing) provided helpful academic tutoring services. | | | | | | |
| The Writing Center provided helpful academic services. | | | | | | |
| Comment on any issues related to Academic Services outside of Athletics that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

23. FINANCIAL AID

| <i>Please rate your level of agreement with the following statements about Financial Aid services.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|---------|----------|-------------------|----------------|
| Financial Aid personnel were available when needed. | | | | | | |
| Financial Aid personnel were supportive. | | | | | | |
| Financial Aid personnel provided helpful financial aid services. | | | | | | |
| The hours of availability for meeting with Financial Aid personnel were compatible with my academic schedule. | | | | | | |
| The hours of availability for meeting with Financial Aid personnel were compatible with my practice schedule. | | | | | | |
| Comment on any issues related to Financial Aid that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

24. OTHER UNIVERSITY SERVICES

| <i>Please rate your level of agreement with the following statements about the Registrar's office.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| If you were a transfer student only : The Registrar's Office was helpful in helping me understand the process as it relates to courses that could transfer. | | | | | | |
| If you are an international student only : The International Students and Scholars (the office that handles international students) was helpful to me in transitioning to the University. | | | | | | |
| If you have a documented disability only : Disability Support Services helped me access information necessary to accommodate my disability. | | | | | | |
| Comment on any issues related to services above that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

25. DINING SERVICES

| <i>Please rate your level of agreement with the following statements about Dining Services.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|---------|----------|-------------------|----------------|
| The hours of operation for the dining hall were compatible with my academic schedule. | | | | | | |
| The hours of operation for the dining hall were compatible with my practice schedule. | | | | | | |
| Dining services offered nutritious food options that helped me perform well as a student-athlete. | | | | | | |
| Dining services offered food options compatible with my unique dietary needs (e.g. vegetarian, diabetic). | | | | | | |
| Comment on any issues related to Dining Services that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

26. FACULTY SUPPORT

| <i>Please rate your level of agreement with the following statements about your interactions with faculty.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---|----------------|-------|---------|----------|-------------------|----------------|
| Faculty were sensitive to the special demands placed upon student-athletes. | | | | | | |
| When I missed class due to competitions, I did not encounter difficulties submitting missed work. | | | | | | |
| When I missed class due to competitions, I did not encounter difficulties in making up exams. | | | | | | |
| Comment on any issues related to Faculty Support that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

27. MISSED CLASS TIME

- On average, how many times during the season were you required to miss one or more classes due to competition? _____
- Were you ever required to miss class due to practice? Yes; approximate number of times _____ No

OVERALL EXPERIENCE

28. IMPACT OF INTERCOLLEGIATE ATHLETICS PARTICIPATION

| Please rate your level of agreement with the following statements about the impact that participation in intercollegiate athletics had on you. | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|--|----------------|-------|---------|----------|-------------------|----------------|
| My participation in intercollegiate athletics positively impacted my ethical code | | | | | | |
| My participation in intercollegiate athletics positively impacted my work ethic | | | | | | |
| My participation in intercollegiate athletics positively impacted my leadership skills | | | | | | |
| My participation in intercollegiate athletics positively impacted my team work skills | | | | | | |
| My participation in intercollegiate athletics positively impacted my passion for success | | | | | | |
| My participation in intercollegiate athletics positively impacted my respect for sportsmanship | | | | | | |
| My participation in intercollegiate athletics positively impacted my respect for the value of community service | | | | | | |
| My participation in intercollegiate athletics positively impacted my efforts to integrate campus life | | | | | | |
| Even though I participated in intercollegiate athletics, I was still able to form friendships with non-athletes | | | | | | |
| I had time for extracurricular activities other than athletics | | | | | | |
| I had the opportunity to suggest proposed changes in intercollegiate athletics | | | | | | |
| Comment on any issues related to the impact of participation in intercollegiate athletics that were not addressed in this section or that you feel need further explanation: _____ | | | | | | |

29. GOAL ACHIEVEMENT

| How many goals in the following areas have you achieved? | All | Most | Some | None |
|--|-----|------|------|------|
| Athletic goals | | | | |
| Academic goals | | | | |
| Social goals | | | | |
| Comment on any issues related to goal achievement that were not addressed in this section or that you feel need further explanation: _____ | | | | |

30. Do you feel Oakland prepared you for life after college?

Yes; Why? _____

No: Why not? _____

31. If you were being recruited today, would you choose this institution again?

Yes; Why? _____

No: Why not? _____

32. Would you encourage other student-athletes to choose this institution?

Yes; Why? _____

No: Why not? _____

33. Please provide any additional comments you have regarding your experience as a student-athlete at Oakland University?

THANK YOU FOR COMPLETING THIS IMPORTANT SURVEY. YOUR OPINIONS ABOUT YOUR STUDENT-ATHLETE EXPERIENCE ARE VERY IMPORTANT TO US.

PLEASE REMEMBER TO SCHEDULE A MEETING WITH CHRIS STILLER, THE FACULTY ATHLETICS REPRESENTATIVE (cstiller@oakland).