

Student-Athlete Exit Survey

**Each year, Division I institutions are required by NCAA regulations to interview student-athletes in all sports who will no longer be participants in the athletic program. The purpose of the interview is to find out how student-athletes viewed their experiences at Southern Illinois University Edwardsville and, more specifically, the athletics department.**

**Actual responses on this questionnaire will be kept confidential and will only be reviewed by athletics administrators. The information will also be shared in general terms with the Intercollegiate Athletic Committee (ICAC).**

**Finally, your responses will be provided to those in your interview. Therefore, please answers as many open-ended questions with detailed answers so we can fully understand your experience as a SIUE student-athlete. These responses provide the most insight.**

**Thank you for your time!**

Contact Information

\* 1. Please provide your contact information. Use only permanent addresses, not your Edwardsville address.

Name

Permanent Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address (not  
SIUE)

Phone Number

Personal and Athletic Information

\* 2. Please check all that apply.

- Received athletically related financial aid
- Recruited student-athlete
- Walk-on
- Began SIUE as a freshman
- Transferred to SIUE from a community college
- Transferred to SIUE from a 4-year institution
- Completed my athletic eligibility at SIUE

\* 3. What is your ethnicity? (Please select all that apply.)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White / Caucasian

Other (please specify)

\* 4. What was your first semester at SIUE?

\* 5. How many years did you participate in intercollegiate athletics at SIUE?

\* 6. What is your expected date of graduation?

\* 7. What factors influenced your decision to attend SIUE? Please check all that apply.

- Coaching staff
- Athletic program
- Academic reputation
- Academic support for student-athletes
- Other SIUE student-athletes
- Influence of parents/family
- Conference affiliation
- Facilities
- Recruiting trip
- Campus/Location
- Fifth Year Program
- Financial aid

Other (please specify)

\* 8. What are your reasons for leaving SIUE? Please check all that apply.

- Graduation
- Transferring
- Coaching Change
- Personal Problems
- Academic Problems
- Injury
- Becoming Professional Athlete
- Problems with Teammates
- Problems with Coaching Staff
- Lack of Playing Time
- Other (please specify)

Athletic Department

\* 9. Please rate the following statements regarding SIUE's Athletic Department.

|  | Excellent             | Above Average         | Average               | Below Average         | Poor                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The effectiveness of SIUE's publicity of your sport  | <input type="radio"/> |
| The department's use of social media   | <input type="radio"/> |
| The effectiveness of resources, updates and information provided by the Athletic Department and Student Services | <input type="radio"/> |
| The availability of the athletic administration to discuss issues impacting student-athletes                     | <input type="radio"/> |
| The ability to provide a safe environment both on campus and when travelling for competition                     | <input type="radio"/> |
| The ability to respond safely and quickly to emergency situations  | <input type="radio"/> |
| Overall experience with the SIUE Athletic Department   | <input type="radio"/> |

\* 10. What is the name of the athletic administrator with whom you had to most contact? (i.e. Athletic Director, Academic Advisor, Sports Information Staff, Assistant or Associate Athletic Director)

11. Please provide any additional comments you may have regarding the athletic department below.

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Time Demands

\* 12. Please answer the following questions regarding the extent of time demands you experienced as a student-athlete.

|   | No                    | Sometimes             | Yes                   |
|---|-----------------------|-----------------------|-----------------------|
| Were you ever required to miss class because of practice?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you feel that your coaches were sensitive to the demands placed on your time as a student and athlete?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Did you want to participate in other, non-athletic activities at the university or in the community (i.e. student government, clubs, organizations, community service), but were disappointed that you were unable to do so due to the time constraints of being a student-athlete? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. Please provide any additional comments you may have regarding time demands.

Athletic and Personal Development

\* 14. Please rate the following statements regarding SIUE's assistance/contribution to your personal development.

|  | Excellent             | Above Average         | Average               | Below Average         | Poor                  | N/A                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Development of your leadership skills as a result of athletic participation at SIUE  | <input type="radio"/> |
| Development of psychological skills (self-motivation, self-discipline, time management and stress management) as a result of your athletic participation at SIUE       | <input type="radio"/> |
| The effectiveness of the Student-Athlete Advisory Committee (SAAC) in representing the interests of student-athletes to the athletics and/or university administration | <input type="radio"/> |
| The ability of your team SAAC representative to communicate events and encourage team participation  | <input type="radio"/> |
| My ability to form friendships with non-athletes   | <input type="radio"/> |

15. Please provide any additional comments you may have regarding your athletic and personal development.

Diversity and Inclusion

\* 16. Please answer the following questions regarding issues of diversity and inclusion.

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Were you ever in a situation where racial bias was observed or implied?  | <input type="radio"/> | <input type="radio"/> |
| Do you believe you were subjected to sexual, physical, verbal, or emotional abuse or harassment by a member of the athletics department or the coaching staff?   | <input type="radio"/> | <input type="radio"/> |
| Do you believe you were treated differently than other student-athletes because of your race, ethnicity, creed, color, national origin, age, economic status, disability, gender, religion/religious belief, marital status, gender? | <input type="radio"/> | <input type="radio"/> |

If you answered yes to any of the above statements, please elaborate where and when this occurred.

\* 17. Please answer the following questions regarding the university and the athletic department's commitment to diversity and inclusion.

|   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| Do you feel the university demonstrated a commitment to diversity in athletics?                           | <input type="radio"/> | <input type="radio"/> |
| Do you feel the university provided a safe and inclusive environment for all student-athletes?            | <input type="radio"/> | <input type="radio"/> |
| Did the athletics department encourage minority student-athletes to take on leadership roles (i.e. SAAC)? | <input type="radio"/> | <input type="radio"/> |

18. Please provide any additional comments you may have regarding diversity and inclusion.

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Facilities and Equipment

\* 19. Please rate the quality of the SIUE Athletic facilities and equipment.

|   | Excellent             | Above Average         | Average               | Below Average         | Poor                  | N/A                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Practice and competition facilities                               | <input type="radio"/> |
| Your Team's Locker Room   | <input type="radio"/> |
| Uniforms and apparel  | <input type="radio"/> |
| Equipment   | <input type="radio"/> |
| Weight Room   | <input type="radio"/> |
| Training room facilities  | <input type="radio"/> |
| The quality and safety of the athletics facilities for your sport | <input type="radio"/> |

20. Please provide any additional comments you may have regarding SIUE's athletic facilities and equipment.

**Athletic Training**

\* 21. Please rate the quality of the SIUE Athletics Training Program

|  | Excellent             | Above Average         | Average               | Below Average         | Poor                  | N/A                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Availability of athletic trainers            | <input type="radio"/> |
| Availability of the training room access     | <input type="radio"/> |
| Overall quality of athletic training program | <input type="radio"/> |
| Overall quality of team doctors              | <input type="radio"/> |
| Availability of team doctors                 | <input type="radio"/> |

\* 22. Please rate the quality of your Athletic Trainer.

|   | Excellent             | Above Average         | Average               | Below Average         | Poor                  | N/A                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Effectiveness of his/her rehabilitation/injury treatment plan       | <input type="radio"/> |
| Explanation of specific treatment plan                              | <input type="radio"/> |
| Communication with coaches regarding your injury                    | <input type="radio"/> |
| Balancing your academic commitments with your injury rehabilitation | <input type="radio"/> |

\* 23. Please evaluate the following characteristics of your Athletic Trainer:

|  | Terrible              | Poor                  | Okay                  | Good                  | Excellent             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Communication Skills                     | <input type="radio"/> |
| Confidentiality                          | <input type="radio"/> |
| Medical Knowledge                        | <input type="radio"/> |
| Professionalism                          | <input type="radio"/> |
| Puts my personal health above team needs | <input type="radio"/> |
| Overall competence                       | <input type="radio"/> |

\* 24. Other than the trainer assigned to your team, who was the trainer that helped you the most?

25. Please add any additional comments you may have regarding the Athletics Training Program.



Compliance: NCAA, Conference, and School Regulations

\* 26. Do you feel like you were provided sufficient education on the following NCAA Compliance topics?

|  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Eligibility standards  | <input type="radio"/> | <input type="radio"/> |
| Practice and playing time restrictions   | <input type="radio"/> | <input type="radio"/> |
| Recruiting regulations   | <input type="radio"/> | <input type="radio"/> |
| Rules regarding hosting recruits   | <input type="radio"/> | <input type="radio"/> |
| Availability of NCAA Special Assistance Fund and NCAA Student-Athlete Opportunity Fund | <input type="radio"/> | <input type="radio"/> |

\* 27. Please rate the quality of compliance information you received as a student-athlete.

|   | Excellent             | Above Average         | Average               | Below Average         | Poor                  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Quality of initial check in compliance meeting (prior to practice starting)                 | <input type="radio"/> |
| Quality of annual spring check out compliance meeting                                       | <input type="radio"/> |
| Ease of use of Jump Forward (i.e. compliance forms, practice logs, complimentary admission) | <input type="radio"/> |

\* 28. Do you know of any NCAA violations committed by the Athletic Department or coaching staff? If yes, please explain.

29. Please provide any additional comments you may have regarding NCAA compliance education.

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Academics

\* 30. Please rate the academic services for student-athletes.

|  | Excellent             | Above Average         | Average               | Below Average         | Poor                  | N/A                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Quality of tutorial services provided by Athletics                             | <input type="radio"/> |
| Quality of the Athletics study tables  | <input type="radio"/> |
| Quality of Athletic computer lab   | <input type="radio"/> |
| The availability and hours of operation of study tables and academic personnel | <input type="radio"/> |
| Overall quality of academic services for student-athletes                      | <input type="radio"/> |

\* 31. What is the name of the athletics advisor you worked with the most?

\* 32. Does your academic advisor understand your academic pressures?

- No
- Sometimes
- Yes

\* 33. Does your academic advisor understand your competitive/athletic pressures?

- No
- Sometimes
- Yes

\* 34. Please rate the advisor you mentioned above.

|   | Excellent             | Above Average         | Average               | Below Average         | Poor                  | N/A                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Availability  | <input type="radio"/> |
| Trustworthiness   | <input type="radio"/> |
| Effectiveness in communicating and educating you on classes, requirements, etc. | <input type="radio"/> |
| Knowledge of SIUE academic programs, majors, tutors, etc.                       | <input type="radio"/> |
| Helpfulness in referring you to the proper resources                            | <input type="radio"/> |
| Helpfulness, creativeness, and persistence when difficult situations arose      | <input type="radio"/> |
| Overall quality rating of your athletic academic advisor                        | <input type="radio"/> |

\* 35. Rate the overall quality of the advisor you just mentioned.

\* 36. Other than the advisor assigned to your sport, what advisor did you work with most?

37. Please provide any additional comments you may have regarding academics.

Coaching Staff and Team Program

38. Regarding your Head Coach:

|   | No                    | Sometimes             | Yes                   |
|---|-----------------------|-----------------------|-----------------------|
| Do you respect your Head Coach?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is your Head Coach ethical?               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is your Head Coach a positive role model? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\* 39. What would you describe as the strengths and weaknesses of your head coach?

\* 40. What would you describe as the strengths and weaknesses of the assistant coach(es)?

\* 41. What do you feel is the single most important factor that creates or will create success in your sport program?

\* 42. If you could make one suggestion to the Athletic Director, what would it be?

\* 43. Do you feel that there is a factor that is currently inhibiting success in your sport program? If so, please explain:



44. Please provide any suggestions you have for improving your sport programs in regards to practice/game structure, operations, communication, etc.:



45. Please provide any additional comments below about the coaching staff or your sport program:

Overall Experience

\* 46. Please rate your overall experience as a student-athlete.

|  | Excellent             | Above Average         | Average               | Below Average         | Poor                  | N/A                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Overall <b>athletic</b> experience at SIUE               | <input type="radio"/> |
| Overall <b>academic</b> experience at SIUE               | <input type="radio"/> |
| Overall <b>social</b> experience at SIUE                 | <input type="radio"/> |
| Participation in <b>campus life</b> outside of athletics | <input type="radio"/> |
| Overall <b>experience</b> at SIUE                        | <input type="radio"/> |

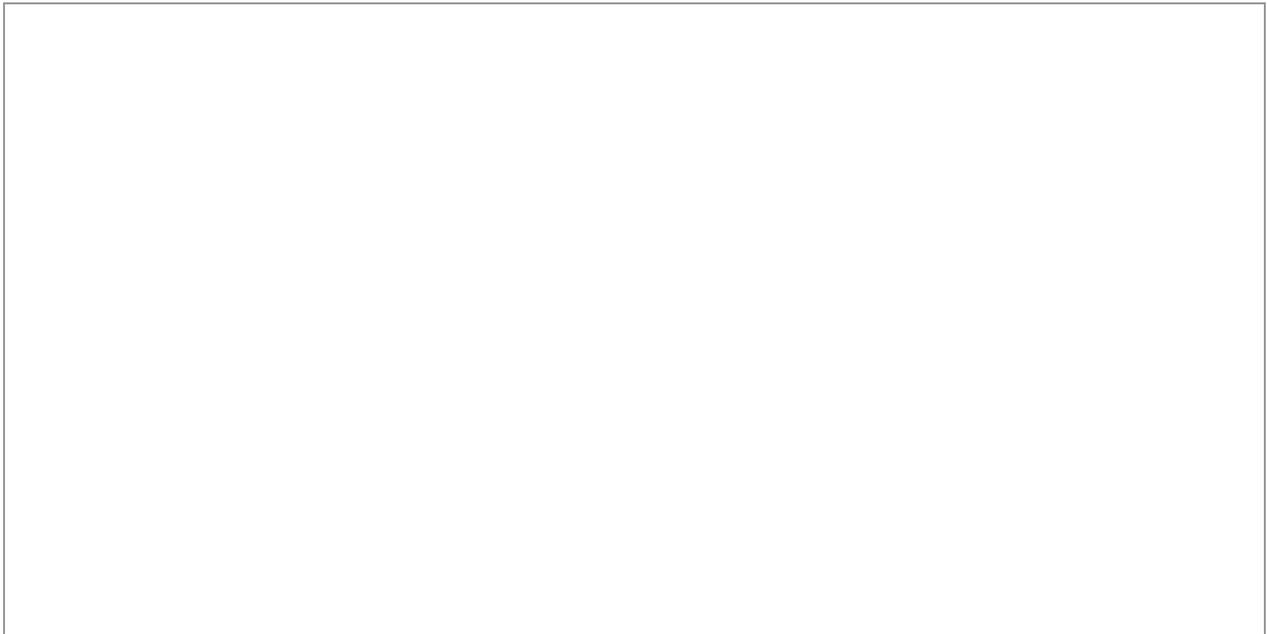
47. Please provide any additional comments you may have regarding your overall experience as a SIUE student-athlete.

Summary

\* 48. To what degree do you feel you are a “family” of SIUE student-athletes?



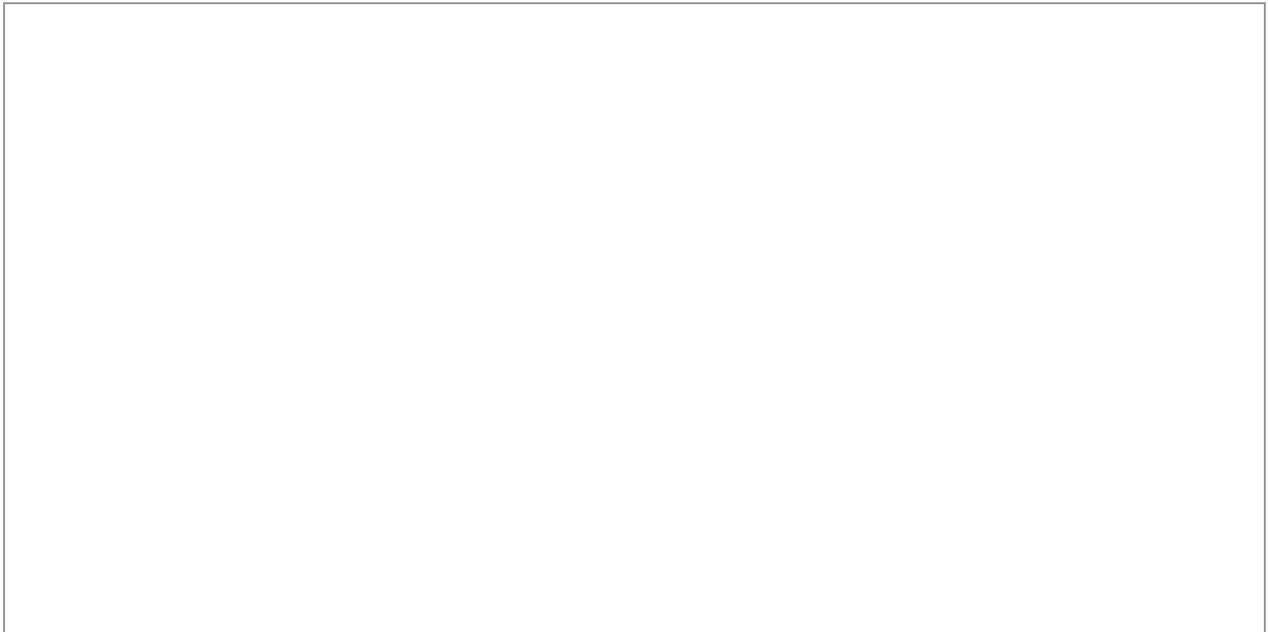
\* 49. Would you encourage others to participate in intercollegiate athletics at SIUE? Why or why not?



50. Please share any additional opinions, concerns, or ideas on how your life as a SIUE student-athlete could have been improved.



51. Make any closing comments you think would benefit your evaluation of either your head coach, your experiences as a student-athlete, the athletic department as a whole or the for the experience of future student-athletes at SIUE.



52. What times are you typically available on the following days? Please list as many times as possible.  
This information will be used to schedule your interview, which will be with your sport administrator and another senior administrator. If you are not available, please put "n/a."

Mondays

8:00 a.m. - 4:30 p.m.

Tuesdays

8:00 a.m. - 4:30 p.m.

Wednesdays

8:00 a.m. - 4:30 p.m.

Thursdays

8:00 a.m. - 4:30 p.m.

Fridays

8:00 a.m. - 4:30 p.m.