

# UC IRVINE ATHLETICS DEPARTMENT SURVEY

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

Directions - Please read each questions carefully. Answer the questions by choosing the most appropriate response or by typing your response in the text box. Multi sport student-athletes should complete the survey from the perspective of the sport they just finished.

\* Required

## 1. SPORT \*

*Mark only one oval.*

- Baseball
- Men's Basketball
- Men's Cross Country
- Men's Golf
- Men's Soccer
- Men's Tennis
- Men's Track & Field
- Men's Volleyball
- Men's Water Polo
- Women's Basketball
- Women's Cross Country
- Women's Golf
- Women's Soccer
- Women's Tennis
- Women's Track & Field
- Women's Volleyball
- Women's Water Polo

## END OF SEASON SURVEY

## HEAD COACH

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**2. Please rate your level of agreement with the following statements about your head coach. \****Mark only one oval per row.*

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Made consistent decisions in the best interest of the program.	<input type="radio"/>				
Emphasized academic achievement and guided me in achieving my academic goals.	<input type="radio"/>				
Demonstrated concern for my well-being.	<input type="radio"/>				
Communicated effectively with me.	<input type="radio"/>				
Set a positive example of ethical behavior.	<input type="radio"/>				
Prepared me to the best of my ability to compete.	<input type="radio"/>				
Promoted my ability to compete in a respectful environment.	<input type="radio"/>				
Promoted the importance of community service.	<input type="radio"/>				
Promoted the life skills needed to become a productive citizen.	<input type="radio"/>				
Assembled a reliable staff and a healthy coaching staff environment.	<input type="radio"/>				

**ACADEMIC SUPPORT STAFF****3. Please rate your level of agreement with the following statements about the academic support staff. \****Mark only one oval per row.*

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Available, supportive and helpful in providing academic services.	<input type="radio"/>				
Provided helpful academic tutoring services.	<input type="radio"/>				
Assisted me with the options of selecting a major while working with my Academic Advisor.	<input type="radio"/>				
Monitored my academic performance and effectively assisted as needed.	<input type="radio"/>				
The hours of operation for the Al Irwin Academic Center were compatible with my academic schedule.	<input type="radio"/>				
The hours of operation for the Al Irwin Academic Center were compatible with my practice schedule.	<input type="radio"/>				

## FACULTY SUPPORT & MISSED CLASS TIME

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4. Please rate your level of agreement with the following statements about your interactions with faculty and missed classes. \*

Mark only one oval per row.

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Faculty were sensitive to the special demands placed upon student-athletes.	<input type="radio"/>				
When I missed class due to competitions, I did not encounter difficulties in submitting missed work.	<input type="radio"/>				
When I missed class due to competitions, I did not encounter difficulties in making up exams.	<input type="radio"/>				

5. How many times during your season were you required to miss one or more classes due to competition? \*

Mark only one oval per row.

	0	1-2	3-4	5+
Fall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Were you ever required to miss class for practice or an activity not related to a competition? \*

Mark only one oval.

- Yes  
 No

## RULES EDUCATION & RESOURCES

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7. Did you have an adequate understanding of the following: \*

Mark only one oval per row.

	Yes	No
NCAA and conference rules?	<input type="radio"/>	<input type="radio"/>
UC Irvine rules?	<input type="radio"/>	<input type="radio"/>

## GENDER EQUITY

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**8. Please rate your level of agreement with the following statements about the athletics department exhibiting a commitment to providing equity. For men's and women's sports, the athletics department is committed to providing gender equity for: \***

*Mark only one oval per row.*

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Equipment.	<input type="radio"/>				
Practice times.	<input type="radio"/>				
Game times.	<input type="radio"/>				
Modes of travel for away competition.	<input type="radio"/>				
Meals on road trips.	<input type="radio"/>				
Hotel accommodations on road trips.	<input type="radio"/>				
Apparel and uniforms.	<input type="radio"/>				
Locker room facilities.	<input type="radio"/>				
Competition facilities.	<input type="radio"/>				
Access to sports medicine services.	<input type="radio"/>				
Access to housing services.	<input type="radio"/>				
Access to on-campus dining services.	<input type="radio"/>				
Access to the strength and conditioning facilities and personnel.	<input type="radio"/>				
Multimedia coverage including social network engines.	<input type="radio"/>				
Marketing coverage.	<input type="radio"/>				
Access to Mental Wellness assistance.	<input type="radio"/>				

## TEAM TRAVEL

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**9. Please rate your level of agreement with the following statements about team travel. \***

*Mark only one oval per row.*

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
The team was well supervised.	<input type="radio"/>				
Team culture and expectations were clearly stated and understood.	<input type="radio"/>				
Team rules were enforced.	<input type="radio"/>				
Health and safety was highest priority.	<input type="radio"/>				
Per diem was sufficient for my needs.	<input type="radio"/>				

## FACILITIES

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**10. Please rate your level of agreement with the following statements about your sports facilities.**

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Mark only one oval per row.

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Competition facilities for my sport were safe.	<input type="radio"/>				
Competition facilities for my sport were in accordance with regulations.	<input type="radio"/>				
Practice facilities were satisfactory.	<input type="radio"/>				
Locker room facilities were satisfactory.	<input type="radio"/>				
I was aware of emergency medical policies and procedures.	<input type="radio"/>				

**11. Should UC Irvine improve the current sports facilities? \***

Mark only one oval.

- Yes
- No

**12. If yes, please explain what needs to be improved.**

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**STUDENT-ATHLETE EXPERIENCE**

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**13. How many of your goals in the following areas did you achieve this season? \***

Mark only one oval per row.

	All	Most	Some	None
Athletic goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14. Please rate your overall student-athlete experience. \****Mark only one oval per row.*

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Met your expectations.	<input type="radio"/>				
If you were recruited today, you would choose to attend UC Irvine again.	<input type="radio"/>				
You would encourage other student-athletes to attend UC Irvine.	<input type="radio"/>				
Your non-academic sport supervisor was accessible and receptive to answering questions and discussing concerns when requested.	<input type="radio"/>				
Your team representative to the Student-Athlete Advisory Council (SAAC) shared useful information with our team after monthly meetings.	<input type="radio"/>				
Before this survey, you had the opportunity to express my views within intercollegiate athletics.	<input type="radio"/>				

**15. Please use this opportunity to provide any additional feedback on your overall student-athlete experience or to elaborate on any of the above questions.**


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**DEMOGRAPHICS****16. What is your scholarship amount?***Mark only one oval.*

- Full
- Partial
- None

**17. What is your class level?**

*Mark only one oval.*

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

**18. What is your ethnicity? Select all that apply.**

*Check all that apply.*

- White/Non-Hispanic
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian
- Pacific Islander or Native Hawaiian
- Other

**19. If you selected other, please list your ethnicity below.**

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**20. Did you enter UC Irvine as a**

*Mark only one oval.*

- Freshman
- Transfer

**21. Will you be the first immediate family member to graduate from college?**

*Mark only one oval.*

- Yes
- No

**22. Did you exhaust your athletics eligibility at the conclusion of this season? \***

*Mark only one oval.*

- Yes     *Skip to question 23.*
- No     *Stop filling out this form.*

## EXHAUSTED ELIGIBILITY SURVEY

### ACADEMIC EXPERIENCE

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23. \*

*Mark only one oval per row.*

	Yes	No
Do you feel that the UC Irvine Administration has a positive opinion of student-athletes and our athletics department?	<input type="radio"/>	<input type="radio"/>
Do you feel that the Faculty at UC Irvine has a positive opinion of student-athletes?	<input type="radio"/>	<input type="radio"/>
Do you feel that the Athletics Department Academic Services Staff encouraged and provided helpful guidance in the pursuit of your degree?	<input type="radio"/>	<input type="radio"/>
Do you feel that the Faculty Athletic Representative encouraged and guided you in the pursuit of your degree?	<input type="radio"/>	<input type="radio"/>

24. **Please check the Athletics Department Academic Services that you utilized and found to be the most effective. \***

*Check all that apply.*

- Priority Registration
- Tutoring
- Study Table
- Mental Fitness Monday
- Other

25. **Please check the items listed below that had the greatest impact on your academic performance. \***

*Check all that apply.*

- Travel Time Commitment
- Class Attendance
- Flexibility of Professors
- Competition Schedule
- Practice and Weights
- Other

26. **What change(s) do you think would make the most significant improvement in the academic success of student-athletes? \***

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## ATHLETIC EXPERIENCE

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27. Do you feel that you were given the necessary tools to succeed competitively? \*

Mark only one oval.

- Yes  
 No

28. Please select the top 3 items that you feel are the best aspect of the UC Irvine Athletics Department. \*

Check all that apply.

- Athletics Academic Staff  
 Coaching Staff  
 Strength and Conditioning Staff  
 Sports Medicine Staff  
 Practice/Training Facilities  
 Competition Facilities  
 Nutrition Counseling  
 Marketing of Your Sport

29. Please rate your level of agreement with the statement that best describes your experiences with your coaches. \*

Mark only one oval per row.

	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree
Fair in dealing with me and my teammates.	<input type="radio"/>				
Encouraged my academic success.	<input type="radio"/>				
Exercised flexibility in respect to my academic commitments.	<input type="radio"/>				
Sensitive to the time demands placed on me as a student-athlete.	<input type="radio"/>				

## NCAA RULES EDUCATION

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30. \*

Mark only one oval per row.

	Yes	No
Were you well informed with regard to NCAA rules and regulations?	<input type="radio"/>	<input type="radio"/>
Would additional compliance information (meetings/newsletters/emails) addressing NCAA rules be helpful?	<input type="radio"/>	<input type="radio"/>

31. Who would you contact if you had questions regarding NCAA eligibility or other NCAA rules? \*

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## ATHLETIC TRAINING EXPERIENCE

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32. Please rate the following statements about your athletic training experience. \*

Mark only one oval per row.

	Excellent	Above Average	Average	Below Average	Poor
Team trainers.	<input type="radio"/>				
Team doctors.	<input type="radio"/>				
Access to medical facilities and medical equipment.	<input type="radio"/>				

33. What was the single most significant service provided to you by our medical staff? \*

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## ATHLETIC STRENGTH & CONDITIONING EXPERIENCE

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34. Please rate the following statements about your athletic strength and conditioning experience. \*

Mark only one oval per row.

	Excellent	Above Average	Average	Below Average	Poor
Team strength and conditioning coach.	<input type="radio"/>				
Equipment and facilities of the athletics training center.	<input type="radio"/>				

35. Do you feel that your strength and conditioning needs were met? \*

Mark only one oval.

- Yes
- No

36. **What was the single most significant service provided to you by the strength and conditioning staff? \***

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## **STUDENT-ATHLETE ADVISORY COMMITTEE & LIFE SKILLS**

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37. **Were you aware of the program and services sponsored by UC Irvine's Student-Athlete Advisory Committee (SAAC)? \***

*Mark only one oval.*

Yes

No

38. **Check all SAAC programs or services that you participated in as a student-athlete. \***

*Check all that apply.*

- Community Service
- Graduate School Informational Session
- Spring Career Fair
- Other

39. **Which life skills programs or services were most useful to you as a student-athlete? Check all that apply. \***

*Check all that apply.*

- Educational Programs
- Resume Writing Workshop
- Uni Studies 1 Course
- Community Service Activities
- Grad Fair
- SAAC
- Other

## **STUDENT-ATHLETE WELL-BEING**

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40. \*

*Mark only one oval per row.*

	Yes	No
Do you feel that UC Irvine provided you with the opportunity to voice your concerns regarding matters related to your well-being as a student-athlete?	<input type="radio"/>	<input type="radio"/>
As a student-athlete, did you experience gender bias within any UC Irvine programs?	<input type="radio"/>	<input type="radio"/>
As a student-athlete, did you experience racial bias within UC Irvine programs?	<input type="radio"/>	<input type="radio"/>
Have you been exposed to activities that involved the promotion and engagement of diversity issues?	<input type="radio"/>	<input type="radio"/>
As a student-athlete, did you participate in UC Irvine activities outside of athletics?	<input type="radio"/>	<input type="radio"/>
As a student-athlete, did you feel safe on the UC Irvine campus?	<input type="radio"/>	<input type="radio"/>
Were you aware that personal counseling was available to student-athletes?w 5	<input type="radio"/>	<input type="radio"/>

41. **Name 3 people who you could seek out for assistance regarding drug use, alcohol use, psychological assistance, or personal safety issues? \***

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42. **How would you rate your overall experience at UC Irvine as a student-athlete? \***

*Mark only one oval.*

- Excellent
- Above Average
- Average
- Below Average
- Poor

## CONCLUDING STATEMENT

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**43. Briefly state any final thoughts that you would like to share regarding your overall experience, including factors that may not have been asked throughout this survey. \***

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