
Any documentary materials related to 2018-2019 student-athlete exit interviews.

Women's Exit Interviews



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: Beach Volleyball

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

I am beyond happy with my time at UNF. I love the people, the culture, the not-too-big feel. Everyone looks out for each other and I wouldn't want to be anywhere else.

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

yes

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

COACHING IQ, ability to push the team,
equal attitude toward each player.

8. In what areas, if any, do you feel the coaching staff needs to improve?

MORE organized / plan ahead
* get info out earlier

- ITINERARIES
- SCHEDULE (BROCK)

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

yes

Yes No

B. Why or why not?
That's what we did this year and it was
very managable

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes

No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes

No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches

North Florida Athletic Administration

North Florida Teammates

Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes

No

If yes, in what area?

19. Were you drug tested while at North Florida?

ONCE A YEAR, 2X

Yes

No

20. How would you rate the effectiveness of the drug testing program?

Poor

Fair

Adequate

Good

Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes

No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

STUDY HALL
2 YRS

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

I don't think marketing is equivalent for each sport.
(signs around campus, giveaways, videos)

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

S + C
BERT IS GREAT
PEAK WHEN NEED
TO PEAK

ATH. TRAINING

- EMMA BY FAR BEST TRAINER WE'VE EVER HAD.
- FALL COVERAGE NEEDS TO BE BETTER.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Competing all over the country.
~ I learned the most the passed 2 years under coach Whigh.
- how to work out of my comfort zone, how to understand people, how to open up and be honest, + confidence.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes!

1. WINNING ASUN 2012

2. YES. "CHAVEY HOWARD RECRUITED ME SO LUCKY I MET CHAVEY."

"I THOUGHT I'D BE JUST A NORMAL STUDENT"

3. IT'S ALL SO PRETTY. BOATHOUSE LOOKING OUT OVER CAMPU.S.

FREE TRUCK TOPS.
SIGNS - JAW BROT.
POINTS FOR APP.



North Florida Student-Athlete Exit Interview Questionnaire

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Name:

Sport: Beach VB

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

Beautiful school & a beautiful city, great academics
& family-oriented town.

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

They are very passionate & caring & spent time on personal development as well as athletic.

8. In what areas, if any, do you feel the coaching staff needs to improve?

Communication among coaches to be on the same page.
Organizing a little better.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

somewhat
Yes No Please explain if necessary:

How do you recommend they improve in this area?

giving schedule well in advance so athletes can clear their schedule. Be flexible w/ meetings, film, etc.

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes No

B. Why or why not?

It is sufficient hours. However, times for match days should be adjusted as we are sometimes there for let

C. If you are not in favor of any restrictions, please indicate why: hours.

also, travel days shouldn't be a day off

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

DRUG TESTED
3-4 IN
LAST 2
YRS.

N. Practice Time Limits

Yes

No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes

No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches

North Florida Athletic Administration

North Florida Teammates

Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes

No

If yes, in what area?

Transportation, hanging out w/ family on trips.

19. Were you drug tested while at North Florida?

Yes

No

20. How would you rate the effectiveness of the drug testing program?

Poor

Fair

Adequate

Good

Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes

No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

I did in first couple of years, but there aren't many available options for grad students

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>	<i>-need trainers at practice in fall</i>
B. Athletic training	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
G. Equipment	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain. Other sports have higher budgets for meals/expenses Basketball gets protein shakes, gatorades, etc. Although, they do bring in more money.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

1. Higher athletic training & stc budget to increase retention.
2. Of course, facilities for bob & swimming increased opportunities / mandated community involvement.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Spring break trips most years, ASUN champions, beginning & end of year banquets, internships because of academic support,

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

absolutely



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport:

Xc / Track

Reason for Leaving:

Graduation

Transfer

Completed eligibility

Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average

Average

Good

Very Good

Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes

No

Why or why not?

The culture is what I wanted.

3. Would you encourage other student-athletes to attend North Florida?

Yes

No

4. Were your experiences in athletics what you expected them to be?

Yes

No

5. Were your coaches available to you when you needed them?

Yes

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Belief in his athletes, desire for their personal growth

8. In what areas, if any, do you feel the coaching staff needs to improve?

None

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes

Yes No

B. Why or why not?

*Training is different because we do not in our own
so this time allocation works out*

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes

No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes

No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches

North Florida Athletic Administration

North Florida Teammates

Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes

No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes

No

20. How would you rate the effectiveness of the drug testing program?

Poor

Fair

Adequate

Good

Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes

No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

Did not need

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

Media wise we were ignored alot

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

Better study hall monitoring.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Learning how to handle hard relationships with teammates

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes.

Growth working together to create the culture
mentoring → is important -

Avoid - Dismissed Student-Athletes → Avoid Student Athlete



North Florida Student-Athlete Exit Interview Questionnaire

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Name: _____ Sport: Track / Cross Country

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)
Senior meeting

Non-UNF email: _____

Phone Number: _____

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

I like Coach Piggy + Coach King. They're really good at coaching + know how to get you faster.

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Good communication, knowledgeable in planning workouts, ~~tried~~ tried to promote a hardworking team, cared about the athletes, promote success on track + in life

8. In what areas, if any, do you feel the coaching staff needs to improve?

N/A

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes No
B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

Study hall was loud + ~~not~~ not helpful

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

Basketball gets way more marketing

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Teamwork, time management

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

yes



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: Track and Field.

Reason for Leaving: Graduating (from track, not school)

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number: N/A

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

Great coaches, great teammates! Love UNF!

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes, always.

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

They are very supportive, both on and off the track. Always have our best interests at heart.

8. In what areas, if any, do you feel the coaching staff needs to improve?

N/A

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

They are sensitive to the demands placed on our time.

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes No

B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

I don't think the coaches (for track) would overtrain us, because we would burn out and this would negatively impact performance.

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

I didn't feel like I needed it.

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

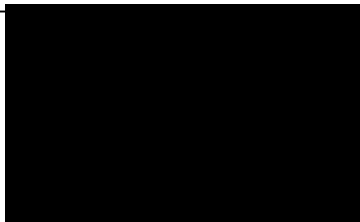
N/A.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

North Florida gave me a family. Being a transfer student, it's difficult being so far away from home. I am a transfer student, and when I came here, for the first time I felt at home, surrounded by people who love and support me. ALL departments are always in your corner and there to help.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes.



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *W golf*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

I love the team & school

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

They plan & prepare everything ahead.

8. In what areas, if any, do you feel the coaching staff needs to improve?

They sometimes become too strict when we are practicing, sometimes it affects players negatively.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

unattainable goals at practice
ie. ^{make} 30 putts in a row before moving to next station

11. Are you in favor of having restrictions placed on the number of hours you are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

I think we need those rules, but it can be more than it says on the rule. 20hr/week is too short.

Yes No

B. Why or why not?

*vacation playing
expectation, but
not required*

C. If you are not in favor of any restrictions, please indicate

12. Did your coaches abide by NCAA countable hour limitation

Yes No

If No, please explain.

*Yes, but practically we had to practice anyway.
I liked it though.*

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B. Amateurism	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C. Financial Aid	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
D. Employment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
E. Academic standards	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
F. Summer school	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
G. Eligibility standards	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
H. Banned Drugs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
I. Recruitment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
J. Complimentary admissions	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
K. Non-permissible benefits	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
L. Involvement with Boosters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
M. Serving as student host	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the re

Yes No

If yes, in what area?

*annoying, took
a while*

19. Were you drug tested while at North Florida?

Yes No

↙

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration

1 2 3 4 5

B. Athletic training

1 2 3 4 5

C. Marketing/promotions

1 2 3 4 5

D. Media Relations

1 2 3 4 5

E. Strength & Conditioning

1 2 3 4 5

F. Travel/lodging/meals

1 2 3 4 5

G. Equipment

1 2 3 4 5

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

I wish there are more student athlete fun events to gether, something can feel more like a family. I was not able to know others in different sports.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

competing, teamwork

32. Do you have a feeling that as you become successful in, will contribute back to UNF athletics?

Yes

Other notes:

Golf plex - range OK
used almost everyday
but putting not possible
on the green - poor
condition
tried chipping



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: [REDACTED]

Reason for Leaving:

Graduation

Transfer

Completed eligibility

Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average

Average

Good

Very Good

Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

Enjoyed my academic program and time at the school

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Unsure

8. In what areas, if any, do you feel the coaching staff needs to improve?

Communicating with one another.
(probably will be better with [redacted] gone)

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No

Please explain if necessary:

How do you recommend they improve in this area?

Decrease our sleep deprivation by having hot spots on buses

[redacted] while here, always blamed us being tired on partying + drinking. We were tired from being up late doing work after traveling. Cant do half of it on the bus. No Wifi.

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable? *yes*

Yes No

B. Why or why not?

I think that's a reasonable amount of time but any more and we wouldn't have time for classes + work.

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

- North Florida Coaches
- North Florida Athletic Administration
- North Florida Teammates
- Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

*Those that actually
the drugs seem to
never get
tested as often
in these "randomize
drug tests. Those that
have been shown to
be clean every time
they are tested are
tested a lot.*

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration

1 2 3 4 5

B. Athletic training

1 2 3 4 5

C. Marketing/promotions

1 2 3 4 5

D. Media Relations

1 2 3 4 5

E. Strength & Conditioning

1 2 3 4 5

F. Travel/lodging/meals

1 2 3 4 5

G. Equipment

1 2 3 4 5

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Athletic department staff member
- Professor
- Counseling center
- Other; Please specify

WIFI on bus -
stronger band
width

29. Do you believe that all sports are treated equitably at N

Yes No

Please explain. I firmly believe that our womens programs are treated differently from the mens

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

If both the mens + womens teams are shown to be at fault for something they should have to endure the same punishments.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Friendships + the ability to better understand my peers

32. Do you have a feeling that as you become successful in your professional career that you

Unsure



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *WSOC*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Passion, knowledge, communication

8. In what areas, if any, do you feel the coaching staff needs to improve?

favoritism

Annoyed w/ [redacted]
attention to
Didn't feel as prepared
to enter game if
injured.

9. Were you subject to coaching techniques that involved the following?

- | | | | | | | |
|-------------------|--------------------------|-------|--------------------------|-----------|-------------------------------------|-------|
| a. Physical abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| b. Verbal abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| c. Mental abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes No

B. Why or why not?

Good news, not too exhausting

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

Didn't need to

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

Air Toms
inflatable rather
than coaching
sticks

29. Do you believe that all sports are treated equitably at North

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

PIA

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Teammates, time management, pride

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

I would love to try



North Florida Student-Athlete Exit Interview Questionnaire *Wants to coach softball*

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name: _____ Sport: *Softball*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

Love the small school feel, enjoyed having the opportunity to meet everyone! can't do that @ a big school

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

- make an effort to have sport specific conditioning eg. ladder drill and dice for agility at the end.

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

She was ~~was~~ very adaptable this year. She was present, and was doing whatever it took to change from last year. whatever

8. In what areas, if any, do you feel the coaching staff needs to improve?

They need to be consistent with their goals/verbage. They tend to stress out loud which brings the team down.

- More focus and emphasis on the culture and holding players ~~more~~ accountable for the culture

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

yes

Yes No

B. Why or why not?

*I think that we are dealing w/ enough stuff
 + the 24 hours is too much, some days you can do more
 C. If you are not in favor of any restrictions, please indicate why: *put some days you have to leave.**

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes

No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes

No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches

North Florida Athletic Administration

North Florida Teammates

Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes

No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes

No

20. How would you rate the effectiveness of the drug testing program?

Poor

Fair

Adequate

Good

Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes

No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

but I think improvements are being made, just need to keep it up.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Growth, it put me into situations that made me grow up and be a better leader, friend, coach!

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes, this program needs help, the university doesn't give a budget for our program to succeed.



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Softball*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

I feel at home. I really feel everyone here just wants the best for you.

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

I feel our strength of the coaching staff was understanding, with how our bodies felt and how much we had going on.

8. In what areas, if any, do you feel the coaching staff needs to improve?

I feel like our last series coaches were the type of coaches everyone wants. They executed very rare situations. I also feel favorites as well from the coaches. They tend to look at situations and belittling rather than asking.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

Give them those OFF DAYS

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

YES

Yes No

B. Why or why not?

I feel it doesn't over work athletes but
MAKES US be productive in a short time

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes

No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes

No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches

North Florida Athletic Administration

North Florida Teammates

Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes

No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes

No

20. How would you rate the effectiveness of the drug testing program?

Poor

Fair

Adequate

Good

Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes

No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

Did not care for Manner

- felt at times like she couldn't go to training room or get better attention from another trainer when Jordan wasn't there

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

I do feel that softball is very overlooked. Title 9 is very big and I do feel that baseball gets a lot more

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

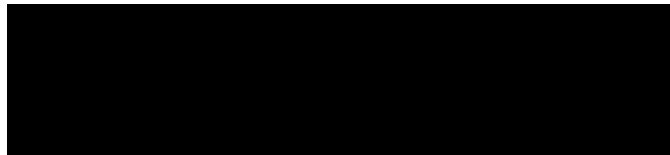
fairness among each sport

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Family and HOPE. They gave me another chance to love the game again and have hope that people want the best for me.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name: _____

Sport: *Softball*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email: _____

Phone Number: _____

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

- Understanding, supportive environment with a competitive energy day in and day out

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes

*Equipment needs -
Hack Attack batting machine, Better Strength*

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Positivity, belief in our abilities, understanding of priority of school, caution and understanding with injuries

8. In what areas, if any, do you feel the coaching staff needs to improve?

Communication between each other

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

Gave us days to regroup when we were physically done

How do you recommend they improve in this area?

None

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes

Yes No

B. Why or why not?
 There are many other responsibilities of athletes (study hall, class, treatment, hw, meals)

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

Increase in school support (financially)

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Teamwork towards a common goal,
Leadership-experiences
Facing adversity (no pitching coach)

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes,



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Softball*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not? *the support I received academically & athletically was extraordinary!*

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

*① Put Pressure on in Fall
② Bunting -
③ Business - Through Weekend -
Focus*

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

The coaching staff always had our best interest in mind. They cared for us as players & individual people.

8. In what areas, if any, do you feel the coaching staff needs to improve?

* Coaching staff needs to be more on the same page throughout season. ALSO needs to apply same pressure throughout year, not just when conference comes.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No

Please explain if necessary:

They always understood the responsibilities & demands that came with being a student

How do you recommend they improve in this area?

N/A

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable? Yes.

Yes No

B. Why or why not?

Gives enough time to get better as an athlete, yet, enough time to take care of academic responsibilities.

C. If you are not in favor of any restrictions, please indicate why:

N/A

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

N/A

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes

No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes

No

If no, what were the circumstances?

N/A

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches

North Florida Athletic Administration

North Florida Teammates

Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes

No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes

No

20. How would you rate the effectiveness of the drug testing program?

Poor

Fair

Adequate

Good

Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes

No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration

1 2 3 4 5

B. Athletic training

1 2 3 4 5

C. Marketing/promotions

1 2 3 4 5

D. Media Relations

1 2 3 4 5

E. Strength & Conditioning

1 2 3 4 5

F. Travel/lodging/meals

1 2 3 4 5

G. Equipment

1 2 3 4 5

- felt [redacted] was young and unpolished

- felt our SATs don't get as much swag as other schools, socks, under shirts, sports bras

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

N/A

31. What are the most valuable experiences that participation in North Florida athletics gave you?

It gave me characteristics that will guide my future & make me successful in life; leadership, work ethic, grit, responsibility.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

yes!



- Graduated - May 2020

North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: Softball

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

I personally do not like the school that much but my teammates are so amazing that I am so fortunate to be able to play with.

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No - Just had more of a family feel (staying at coach's house, etc)

5. Were your coaches available to you when you needed them?

~~Yes~~

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

They care about us and our well being

8. In what areas, if any, do you feel the coaching staff needs to improve?

The coaching staff is not the reason we made it so far this year. I personally do not think that coach [redacted] softball IQ is there to ~~lead~~ lead a championship program. Coach [redacted] has so much knowledge to the game [redacted] just needs to speak up more.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

yes

Yes No

B. Why or why not?

IF we did not have restrictions coaches would be able to run a 4 hour practice which is overly exhausting

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved? *gotten worse*

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>	- felt [redacted] could have been more aware of her needs
B. Athletic training	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>	
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	
G. Equipment	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

Womens sports require more attention

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

I personally do not feel like I was a student athlete at UNF. I felt like I was just there for school and softball was there. I think student athletes should ~~be~~ have a more valuable/memorable experience.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

my teammates and all the friendships and memories I have made.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

NO



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport:



Reason for Leaving:

Graduation

Transfer

Completed eligibility

Other (explain)



Non-UNF email:

Phone Number:


1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

Because of the negative experience I had towards the end of my career along with the way my  career ended because of the coaches decision

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Adapted to student's schedules; practices were challenging

8. In what areas, if any, do you feel the coaching staff needs to improve?

- [redacted] & conditioning programs
- favoritism against certain [redacted]
- Coach-athlete inappropriate relationships
- communication with athletes on improvement and technique
↳ can't get better if you don't know what's wrong

9. Were you subject to coaching techniques that involved the following?

- | | | | | | | |
|-------------------|--------------------------|-------|-------------------------------------|-----------|-------------------------------------|-------|
| a. Physical abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| b. Verbal abuse | <input type="checkbox"/> | Often | <input checked="" type="checkbox"/> | Sometimes | <input type="checkbox"/> | Never |
| c. Mental abuse | <input type="checkbox"/> | Often | <input checked="" type="checkbox"/> | Sometimes | <input type="checkbox"/> | Never |

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

yes

Yes No

B. Why or why not?

Too much time taken away from school

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

Travel time to and from [redacted] went over

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

Went over practice time, giving rides to athletes for meets and practices

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

What coaches are allowed to do with athletes outside of practice

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

Coaches favorites would be put in [redacted] over [redacted] individuals because he favored them more.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify family friend

- 5. Not investing time in her
- 6. Picked favorites
- 8. S+C not hard enough
- "Snap chat"
- 9. yell + single out in front of team
- 16. Not NCAA violations (travel-time)
- 18. Snap Chatting

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

Baseball and basketball get more attention because they are more popular sports and bring in more money

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

Provide a nutritionist

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Able to travel and experience a new level of competition along with pushing my athletic capabilities to my potential

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Partially; being a student-athlete in general has allowed me to ~~become~~ learn valuable time management skills and dedication to the task at hand.



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Swimming*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email: [REDACTED]

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Supportive, encouraging, and pushed me to be my best

8. In what areas, if any, do you feel the coaching staff needs to improve?

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable? *Yes*

Yes No
B. Why or why not?

4 hours aday is enough to train but leaves time for other activities

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area? *Hours*

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

Some teams have much more advertising than others and swim team barely receives recognition.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Responsibility and determination

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Swimming*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

I love the school + the people I have met

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No *Drama*

5. Were your coaches available to you when you needed them?

Yes

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No *Sometimes*

7. What do you believe were the strengths of the coaching staff?

knew a lot about the sport + had experience

8. In what areas, if any, do you feel the coaching staff needs to improve?

too much favoritism

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

They were good in this aspect when it was brought to their attention

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No *kind of, it was a lot*

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

They pushed it right to those limits

Yes No maybe
B. Why or why not?

exhausting

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No Probably not

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

- called into
Academic mtg
- quit?
- favoritism... practice
to... faster... + needs

29. Do you believe that all sports are treated equitably at North

Yes No

Please explain.

people don't know there is a swim team, basketball
gets all the scholarship money

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

Try to stop favoritism and Make the sports more equal

31. What are the most valuable experiences that participation in North Florida athletics gave you?

The people I met

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

NO



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: Swimming

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

UNF has allowed me to thrive athletically and academically. I could not have

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Very involved, knowledgeable and trained us great

*JK - attend a practice
to see what they are
doing in the pool*

8. In what areas, if any, do you feel the coaching staff needs to improve?

More consistency with the staffing

*Consistency JK
coaches*

9. Were you subject to coaching techniques that involved the following?

- | | | | | | | |
|-------------------|--------------------------|-------|--------------------------|-----------|-------------------------------------|-------|
| a. Physical abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| b. Verbal abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| c. Mental abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes No

B. Why or why not?

School work on top of this is demanding; I believe these hours are very

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

**diving well vs lockers*

29. Do you believe that all sports are treated equitably at Nor

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

I don't believe any huge changes need to be made within the athletic program

31. What are the most valuable experiences that participation in North Florida athletics gave you?

Lots of team bonding and friendship! I loved every minute of it!

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes!



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *swimming*

Reason for Leaving:

Graduation

Transfer

Completed eligibility

Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average

Average

Good

Very Good

Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes

No

Why or why not?

I had a great experience here and I would do it all again in a heartbeat. I have this program to thank for a lifelong family and that's something I would never take for granted.

3. Would you encourage other student-athletes to attend North Florida?

Yes

No

4. Were your experiences in athletics what you expected them to be?

Yes

No

5. Were your coaches available to you when you needed them?

Yes, my coaches were always available when me, or anyone else for that matter, needed to speak with them.

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

- They're always there if needed whether for a team situation or a personal situation
- They value hard work over raw talent
- They want us to be great people - not just great athletes

8. In what areas, if any, do you feel the coaching staff needs to improve?

- Too many chances were given to people who should have been punished more harshly or cut entirely from the program

9. Were you subject to coaching techniques that involved the following?

- | | | | | | | |
|-------------------|--------------------------|-------|--------------------------|-----------|-------------------------------------|-------|
| a. Physical abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| b. Verbal abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| c. Mental abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

I don't think there's any improvements to be made, as a Biology major my class schedule always had a lot of conflicts with practice and my coaches were more than understanding about this

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes BUT this number is very different for us in particular because driving hours count which isn't fair to either party - us, or the school/coaches

Yes No

B. Why or why not?

see above explanation

C. If you are not in favor of any restrictions, please indicate why:

NA

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

NA

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, ~~Atlantic Sun Conference~~ and institutional regulations in the following areas: CCSA

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

NA

17. Who was your primary contact when you had questions about regulations?

- North Florida Coaches
- North Florida Athletic Administration
- North Florida Teammates
- Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

NA

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

NA

I think NS a little unfair that swim is required to drug test at 6am because we that's when we leave and we miss the vans... if we miss drive across just get to practice our practice is at Boilers NS

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

If I need help - I mostly go to my professor or an SI instructor - ACE tutors are not available for many upper level Biology / chemistry classes

B. If you did, how well did the Academic Support programs serve your needs?

NA

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

Jenny, Kendra + Dee - you guys ROCK

Kaelyn - GREAT

Colin is GREAT but too much switching weight coaches (new coaches baby us)

they get names/dates wrong alot but have gotten better

we should ALWAYS have priority on the vans

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

Pad - John used to coach strokes
Build diving well
Learn drug tests - would miss vans + practice

29. Do you believe that all sports are treated equitably at UNF?

Yes No

Please explain.

we dont have a pool, Beach doesnt have courts and softball doesnt have locker rooms for the entire time I've been here - at least ONE of these thing could have been started in a

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program? ^{4 year timespan}

31. What are the most valuable experiences that participation in North Florida athletics gave you?

My team is my family and my most valuable experiences were with them

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes - this will forever be a second home to me



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *Swimming*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

I loved the school and experience

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

Cares about us as people

8. In what areas, if any, do you feel the coaching staff needs to improve?

Favoritism and be open to new coaching techniques.

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
c. Mental abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No

Please explain if necessary:

How do you recommend they improve in this area?

travel to Bolles
for a useless second
workout was a
waste of time and
got in the way of
working to pay
rent.

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

yes

Yes No

B. Why or why not?

Any more would effect grades and other activities

C. If you are not in favor of any restrictions, please indicate why:

like working

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

30 mins
On certain days we would run/labs,
swim for 2 hours, lift for an hour and have

13. In general, how did your coaches treat you as an individual? another hour of swimming

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances? *practice limits* ~~XXXXXXXXXX~~

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, ^{time-step} faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

← if sean robb was still here

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain. I feel that the swim team as a whole feels that [redacted] and the [redacted] did not care about us

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

A. pool + more scholarships

31. What are the most valuable experiences that participation in North Florida athletics gave you?

A family / friends and being responsible

Snapchat >

32. Do you have a feeling that as you become successful in you will contribute back to UNF athletics?

Yes.

Tapering - "old school"

6-6:30	30
7-9	2hr
10-11	1
2-3	1



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: *TENNIS*

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

- nice school
- academics
- tennis program

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

- care about school academics
- open communication

8. In what areas, if any, do you feel the coaching staff needs to improve?

- management
- control emotions

9. Were you subject to coaching techniques that involved the following?

- | | | | | | | |
|-------------------|--------------------------|-------|--------------------------|-----------|-------------------------------------|-------|
| a. Physical abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| b. Verbal abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| c. Mental abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes No

B. Why or why not?

good balance between school and tennis

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

I think some sports have more benefits and more recognition.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

31. What are the most valuable experiences that participation in North Florida athletics gave you?

experience of being part of a team, life with championship, new friends and grew up as person.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

yes



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport: INDOOR VOLLEYBALL

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

THE OVERALL ENVIRONMENT AT UNF IS VERY FRIENDLY AND OUTGOING. I SAY THIS BECAUSE YOU MAKE FRIENDS NOT JUST WITH ATHLETES, BUT ALSO WITH PEOPLE WITHIN YOUR MAJOR. THERE ARE ALSO PLENTY OF OPPORTUNITIES AND EVENTS ON CAMPUS, SO THERE IS ALWAYS SOMETHING TO DO.

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

THEY DEFINITELY KNEW HOW TO PUSH ME TO GET THE BEST OUT OF ME; AS WELL AS FOR MY TEAMMATES. ANOTHER STRENGTH IS THAT THEY ARE ALL COMPETITIVE SO THEY WILL DO ANYTHING FOR US TO SEE US SUCCEED AND WIN.

8. In what areas, if any, do you feel the coaching staff needs to improve?

I WOULD SAY IMPROVEMENT IN THE COMMUNICATION AREA IS NECESSARY. MOST TIMES I FELT AS THOUGH THEY WEREN'T ON THE SAME PAGE WHEN TEACHING TECHNIQUES OR INFORMATION WAS CONTRADICTING.

NEED MORE CLARIFICATION
COACHING STAFF NOT ON SAME PG.
AK

9. Were you subject to coaching techniques that involved the following?

- | | | | | | | |
|-------------------|--------------------------|-------|--------------------------|-----------|-------------------------------------|-------|
| a. Physical abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| b. Verbal abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |
| c. Mental abuse | <input type="checkbox"/> | Often | <input type="checkbox"/> | Sometimes | <input checked="" type="checkbox"/> | Never |

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

ONE THING THAT CAN IMPROVE I THINK IS MORE STUDY HALL ON ROAD TRIPS.

INNERARIES

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

20 HRS
8 HRS

Yes No

(MIGHT TWEAK WEDDING)

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes No
 B. Why or why not?

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

*BIG ON
 MENTALITY.
 DONT ASSUME.*

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits

Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
North Florida Athletic Administration
North Florida Teammates
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida? *BEGINNING OF YR,
NEVER RANDOM*

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

OME NEVER
POST PILS ON
LINE.
INSTALL RAM &
FB.

DONT HAVE TWITTER

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

WASNT ON-CAMPUS LONG ENOUGH TO SAY.

31. What are the most valuable experiences that participation in North Florida athletics gave you?

I NOW KNOW WHAT IT FEELS LIKE TO BE A PART OF A FAMILY IN ATHLETICS. IT'S THE GREATEST EXPERIENCE ANYONE COULD HAVE.

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

DEFINITELY. I'VE MADE LIFELONG FRIENDS HERE. NOT ONLY TEAMMATES, BUT ALSO STAFF MEMBERS.



North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name: _____ Sport: Indoor volleyball

Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email: _____

Phone Number: _____

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

Indoor was not an enjoyable or successful season.

* IF HAD ANOTHER YR INDOOR ELIG, DON'T THINK WOULD USE IT

[1ST YR W/ STEVE - FINE. WEREN'T GOOD.
2ND YR " " - STEVE BASED
3RD YR - YELLED AT ALL TIME, NEGATIVE A LOT.

3. Would you encourage other student-athletes to attend North Florida?

Yes No

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

NAGGED ALL TIME

7. What do you believe were the strengths of the coaching staff?

Steve - loving, kind, intelligent but had a hard time relaying it

Kristen - makes us work hard, brings people together under a common goal

8. In what areas, if any, do you feel the coaching staff needs to improve?

Kristen - trust her staff, and her players.

YELLED AT FRONT OF TEAM

- very emotional (LOVED)

NEEDS US TO VALIDATE HER FEELINGS

9. Were you subject to coaching techniques that involved the following?

- a. Physical abuse Often Sometimes Never
- b. Verbal abuse Often Sometimes Never
- c. Mental abuse Often Sometimes Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary:

How do you recommend they improve in this area?

side
very strict on practice times and some people need to be in certain classes. which is good but

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

Yes No

B. Why or why not?

-I think player initiated film shouldn't count as countable hours

C. If you are not in favor of any restrictions, please indicate why:



12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

SCHEDULE

One time, they had us play a lot of games that somehow led us to not having a day off

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

-ABSOLUTE WORST. SUPPOSED TO BE SETTING COMPT. COACH [REDACTED] SETTING 204-10

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
B. Amateurism	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
C. Financial Aid	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
D. Employment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
E. Academic standards	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
F. Summer school	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
G. Eligibility standards	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
H. Banned Drugs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
I. Recruitment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
J. Complimentary admissions	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
K. Non-permissible benefits	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
L. Involvement with Boosters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
M. Serving as student host	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

N. Practice Time Limits Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

17. Who was your primary contact when you had questions about regulations?

- North Florida Coaches
- North Florida Athletic Administration Nancy Miller
- North Florida Teammates
- Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No 3X

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

↑ 1ST SEMESTER JR.

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

- PAUL
- LAY BISHOP
(GRAD)

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>

→ EMMA GREATEST OF ALL TIME

BERT ROCKS.

→ SCARY TO BE IN VAN. TEXTING & DRIVING.
KEYIN - GREATEST DRIVER.

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
Assistant coach
Athletic trainer
Fellow student-athlete
Academic advisor
Athletic department staff member
Professor
Counseling Center
Other; Please specify

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

BEACH COURTS !!!

31. What are the most valuable experiences that participation in North Florida athletics gave you? Being able to play beach volleyball

"NO PART OF ME, WOULD EVER WANT TO PLAY INDOOR AGAIN"

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Yes

SUGGESTIONS

1. LET ASSISTANTS COACH MORE.
2. DON'T TRY TO BE MY FRIEND.

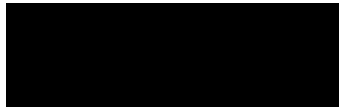


North Florida Student-Athlete Exit Interview Questionnaire

The information requested in this questionnaire will be used by the Department of Athletics to improve the experience of future student-athletes at North Florida. Please answer the following questions honestly and accurately. Keep in mind that all provided information is confidential.

Name:

Sport:



Reason for Leaving:

Graduation Transfer Completed eligibility Other (explain)

Non-UNF email:

Phone Number:

1. Rate your athletic experience at North Florida:

Below Average Average Good Very Good Excellent

2. If you were being recruited from high school today, would you choose North Florida again?

Yes No

Why or why not?

not for volleyball. everything else has been awesome!

3. Would you encourage other student-athletes to attend North Florida?

Yes No but not for volleyball/beach.

4. Were your experiences in athletics what you expected them to be?

Yes No

5. Were your coaches available to you when you needed them?

no. she does not respond when needed or appropriately.

Yes No

6. Did your head coach operate his/her program with honesty and integrity?

Yes No

7. What do you believe were the strengths of the coaching staff?

motivated, high standards

8. In what areas, if any, do you feel the coaching staff needs to improve?

9. Were you subject to coaching techniques that involved the following?

a. Physical abuse	<input type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input checked="" type="checkbox"/>	Never
b. Verbal abuse	<input checked="" type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never
c. Mental abuse	<input checked="" type="checkbox"/>	Often	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Never

10. Do you believe that your coaches were sensitive to the demands placed on your time while you were a student-athlete?

Yes No Please explain if necessary: words and actions never match.

How do you recommend they improve in this area?

get on the same page with words and actions/expectations.

11. Are you in favor of having restrictions placed on the number of hours per week coaches are allowed to conduct athletically related activities with you?

Yes No

A. If yes, do you believe that a maximum of four hours per day and twenty hours per week is reasonable?

yes.

Yes No

B. Why or why not?

I think that's a reasonable amount of time to train a day/week as a DI athlete.

C. If you are not in favor of any restrictions, please indicate why:

12. Did your coaches abide by NCAA countable hour limitations and required days off?

Yes No

If No, please explain.

optional never means optional

*(SUMMER WD,
REP. DAY OFF)*

13. In general, how did your coaches treat you as an individual?

Poor Fair Adequate Good Excellent

14. How much have your athletic skills improved?

Not at all A little Somewhat Great deal

15. Were you informed of NCAA, Atlantic Sun Conference and institutional regulations in the following areas:

A. Ethical conduct	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
B. Amateurism	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
C. Financial Aid	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
D. Employment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
E. Academic standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
F. Summer school	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
G. Eligibility standards	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
H. Banned Drugs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
I. Recruitment	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
J. Complimentary admissions	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
K. Non-permissible benefits	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
L. Involvement with Boosters	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
M. Serving as student host	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

N. Practice Time Limits Yes No

16. To the best of your knowledge, did your coaches fully abide by these regulations?

Yes No

If no, what were the circumstances?

our coach did not know rules and did not try to figure them out. She waited until she got in trouble to follow the rules.

17. Who was your primary contact when you had questions about regulations?

North Florida Coaches
~~North Florida Athletic Administration~~ or academic advisors
North Florida Teammates or athletic trainers
Other, Please Specify

18. Would you have liked to receive more information on the regulations?

Yes No

I know the rules due to our presentations.
I would like the coach to be taught them and then asked (made) to follow them.

If yes, in what area?

19. Were you drug tested while at North Florida?

Yes No

20. How would you rate the effectiveness of the drug testing program?

Poor Fair Adequate Good Excellent

21. Do you have any knowledge of any extra benefits or other rules violations?

Yes No

If yes, please explain.

* SUMMER WORKOUTS *

22. How would you rate the responsiveness of institutional offices (financial aid, registrar, faculty) to your needs?

Poor Fair Adequate Good Excellent

23. Were you informed about Academic Support programs offered (study hall, tutors, ACE, advising, etc.)?

Yes No

24. How well did the advising programs serve your needs?

Poor Fair Adequate Good Excellent

25. Did you take advantage of the Academic Support programs?

Yes No

A. If not, why didn't you use the Academic Support programs?

B. If you did, how well did the Academic Support programs serve your needs?

Poor Fair Adequate Good Excellent

26. How would you rate the Advisors you met?

Poor Fair Adequate Good Excellent

27. How would you rate the support of your sport in these areas?

(1-Poor; 2-Fair; 3-Adequate; 4-Good, 5-Excellent)

A. Athletic administration	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
B. Athletic training	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
C. Marketing/promotions	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
D. Media Relations	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
E. Strength & Conditioning	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
F. Travel/lodging/meals	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
G. Equipment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>

28. If you had a substance abuse or personal problem, who would you have turned to for help? (check all that apply)

- Head coach
- Assistant coach
- Athletic trainer
- Fellow student-athlete
- Academic advisor
- Athletic department staff member
- Professor
- Counseling Center
- Other; Please specify my therapist

29. Do you believe that all sports are treated equitably at North Florida?

Yes No

Please explain.

30. What changes, if any, would you propose be made in North Florida's intercollegiate athletics program?

Besides the [redacted] coaching staff choices, everything has been really awesome. UNF has been a good home and has offered me as much support as it could. I would like to try to help UNF athletics with their training to help and treatment of student athletes with mental illnesses.

31. What are the most valuable experiences that participation in North Florida athletics gave you? friends, great academic support by Jenny, a great degree

32. Do you have a feeling that as you become successful in your professional career that you will contribute back to UNF athletics?

Unknown