



STUDENT PRE-ACTIVITY QUESTIONNAIRE

Student Name: _____ School: _____

Teacher: _____ Class: _____

Grade Level: 9th 10th 11th 12th

Gender: Male Female Today’s Date: _____

Have you ever used a soldering iron? Yes No

Have you ever used electronic testing equipment? Yes No

Are you interested in hands-on projects? Yes No

Do you learn better from “touching”, “listening”, or “seeing”? Yes No

Do you have an interest in learning about how things are made? Yes No

Would you consider a career in science, technology, engineering or math? Yes No

Are presently enrolled in an ROP or technology class? Yes No

What are your career interests? _____



STUDENT POST-ACTIVITY QUESTIONNAIRE

Student Name: _____ School: _____

Teacher: _____ Class: _____

Grade Level: 9th 10th 11th 12th

Gender: Male Female Today's Date: _____

Did you find the use of a soldering iron: *{Circle One}* Easy Comfortable Awkward Difficult

Did you find the use of testing equipment: *{Circle One}* Easy Comfortable Awkward Difficult

Did you feel safe during the project? Yes No

Were the written instructions easy to understand and follow? Yes No

Did the project capture your interest? Yes No

Did you complete the project in the time allowed? Yes No

Did your project meet the completion standards? Yes No

Did the project create an interest in science, technology, engineering or math for you? Yes No

Would you consider taking a class in science, technology, engineering or math? Yes No

Would you consider a career in science, engineering, technology or math? Yes No

On a scale of 1 to 10, how would you rate the project in terms of – “Did you learn something new today?”

1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, how would you rate the project in terms of fun?

1 2 3 4 5 6 7 8 9 10



INSTRUCTOR QUESTIONNAIRE

Teacher Name: _____ School: _____

Class(es) Taught: _____

Grade Level(s): 9th 10th 11th 12th

Gender: Male Female Today's Date: _____

Was the project preparation by the CACT Team adequate for your needs? Yes No

Did you find the safety instructions adequate? Yes No

Did you feel there were enough instructional personnel available? Yes No

Was the project completed in the amount of time you had planned? Yes No

Did the project meet your curriculum standards requirements? Yes No

Was the information relevant to your classroom instruction? Yes No

What amount of time were your students engaged? *{circle one}* 25% 50% 75% 100%

Do you feel your students learned something new today? Yes No

If so, what? _____

Do you plan to offer an assignment based on today's project? Yes No

If so, what type of assignment? _____

Would you consider working with CACT on another project? Yes No

Would you prefer? *{choose one}*

- Total project as performed in today's pilot program?
- Prepackaged kits to be assembled in your classroom?

On a scale of 1 to 10, how would you rate the knowledge learned by your students in today's project?

1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, please rate the "fun factor" for your students today?

1 2 3 4 5 6 7 8 9 10