



Student Teacher Outreach Mentorship Program

STOMP Fellow End of Semester Survey 2008-2009

Please return the following survey before the end of the semester.

Submit to:

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Name: _____

Date: _____

Teacher Name: _____

Grade Level: _____

School Name: _____

1. Number of K-12 Students in class or afterschool program: _____

2. Number of times you visited the classroom: _____

3. Hours per week spent in the classroom: _____

4. Hours per week spent outside the classroom for activity preparation: _____

5. What type of role(s) did you play within the classroom? _____

6. What type of role(s) did the classroom teacher play within the classroom? _____

7. Did any logistical issues inhibit a successful/smooth program (circle choice)? Yes No

If yes, what? _____

8. Describe the curriculum development process. Did you have enough support from STOMP? your teacher?

9. Did you find the emergency kits useful (circle choice)? Yes No Didn't Use

10. Which of the following did you use in your classroom? Circle all that apply.

- | | |
|-------------------------------|----------------------|
| Worksheets | Overheads |
| Evaluations (quizzes, etc...) | Brainstorming Sheets |
| RCX | NXT |
| Simple Machine Kits | Non-LEGO |

Other (please specify): _____

11. Approximately how many times did you meet with the classroom teacher outside of classroom time? _____

What was the average length of these meetings? _____

Was this useful? _____

12. Approximately how many times did you have email correspondence with the classroom teacher? _____

Was this helpful? _____

13. Approximately how many times did you meet with your executive board member? _____

Was this helpful? _____

14. Were the weekly meetings helpful (circle choice)? Yes No

Please explain what you liked, disliked, and would have liked to have included: _____

14. Was the training helpful (circle choice)? Yes No

Please explain what you liked, disliked, and would have liked to have included: _____

13. Overall, based on your experiences with STOMP, would you be interested in participating again next semester (circle choice)? Yes No

14. Please use the following space to include things that you liked or disliked about STOMP this semester. Feel free to suggest changes or new ideas to help us improve the program.

Thank you!