

National Survey of College Outreach Programs 2010

This survey is being conducted by the Educational Policy Institute with funding provided by TG. The survey focuses on programs designed to increase the access and success of educationally or economically disadvantaged elementary and secondary students to higher education.

We appreciate your time to provide important feedback regarding your organization. All questions refer to the 2009-2010 academic year (including summer 2010) unless otherwise noted.

Please note that if you run several programs, it is suggested that one survey be completed for EACH distinct program.

Thank you for your time.

Please click "NEXT" to begin.

Information about person completing the survey

Asterisks (*) denote required fields.

* 1. Information about the person completing the survey:

First Name

Last Name

Title/Position (e.g. Program Coordinator,
Counselor, etc)

Email

Telephone (xxx-xxx-xxxx)

GENERAL INFORMATION

* 2. Information about the program:

Name of program:

Primary sponsoring agency
(college/school/organization):

Department (if applicable):

3. Program's IPEDS code (if applicable)

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* 4. Program Director

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email	<input type="text"/>
Phone (xxx-xxx-xxxx)	<input type="text"/>
Fax (xxx-xxx-xxxx)	<input type="text"/>
Website URL	<input type="text"/>

5. Program Address

Street:	<input type="text"/>
	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="6"/>
ZIP:	<input type="text"/>

6. Mailing Address (if different from above)

Street:	<input type="text"/>
	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="6"/>
ZIP:	<input type="text"/>

PROGRAM INFORMATION

7. PROGRAM DESCRIPTION. Please provide a description of no more than 125 words about your program. Include, if applicable, your program's college persistence and completion objectives. Description may also reference to the program's stated mission, goals, and services.

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8. This is a:

- TRIO Program
- GEAR UP Program
- I Have a Dream Program
- CACG-Supported Program
- Other (please specify)

9. This program began operation in:

Year

10. How would you categorize your program?

- College/university-based
- School-based
- Community-based
- Other (please specify)

11. Does your program serve a particular school/district/community? If so, please provide the name. Otherwise indicate "Not Applicable."

School

School

district

Community

Other

12. Does your program serve a particular area?

- Rural area
- Urban area
- Suburban area

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13. What is the primary location where program services are offered?

- College campus
- Elementary or secondary schools
- Students' home
- Community center/agency
- Other (please specify)

PROGRAM GOALS & SERVICES

14. Which of the following goals relate to your program? (Check all that apply)

- Increase high school persistence/prevent dropouts
- Improve academic skills
- Encourage rigorous course-taking
- Promote interest/strength in particular subject area (specify subject area)
- Increase likelihood of attending college
- Increase likelihood of completing college
- Encourage parental involvement
- Increase college awareness (students/parents)
- Provide exposure to college
- Encourage long-term financial planning (e.g. financial aid/savings)
- Improve student self-esteem
- Improve vocational skills
- Provide role models
- Provide recreational or cultural opportunities
- Other (please specify)

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15. Which of the following INSTRUCTIONAL approaches does your program utilize? (Check all that apply)

- Classroom instruction
- Tutoring
- Mentoring
- Workshops
- Peer learning groups
- Assessment & testing
- Role models
- Other (please specify)

16. Please rank order the following ACADEMIC services that your program offers. (If your program does not offer a service, leave the ranking blank)

	1	2	3	4	5	6	7	8	9	10	11	12
Remedial instruction	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Reading/Writing instruction	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Mathematics/Science instruction	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Critical thinking skill development	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Grade and attendance monitoring	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Academically accelerated courses below the college level	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
College-level courses (e.g. AP)	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Computer-skills training	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Academic-enrichment courses	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Study-skills training	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Preparatory courses (e.g. problem solving, decision making)	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja
Test-taking skills (e.g., SAT/ACT training)	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja	ja

Other (please specify and rank)

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17. Please rank order the following NON-ACADEMIC services that your program offers. (If your program does not offer a service, please leave the ranking blank)

	1	2	3	4	5	6	7	8	9	10	11	12
Social skills development/confidence building leadership development	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
College awareness (e.g. admissions, financial aid)	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
College fairs	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Campus visits and tours	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Cultural activities and field trips	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Career counseling and information	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Career days	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Job placement assistance	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Employability skills training	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Personal counseling	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Academic advising	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn
Meetings with college faculty/students	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn	jn

Other (please specify and rank)

* 18. Does your program have a parental component?

Yes

No

PROGRAM GOALS & SERVICES - cont'd

19. Is the parental component mandatory?

Yes

No

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20. Which of the following services for parents does your program offer? (Check all that apply)

- Instructional programs
- Academic classes
- College awareness (e.g. admissions, financial aid)
- FAFSA counseling/guidance
- Campus visits and tours
- Meeting with college/university faculty or students
- Participation in student activities
- Family counseling
- Motivational speakers
- Other (please specify)

PROGRAM OPERATION

* 21. This program runs during the:

- Academic year
- Summer
- Both

22. Approximately how many hours does a typical student spend in program activities during the academic year?

Total hours in program activities
during the academic year

Hours per typical week in program
activities during the academic
year

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23. Approximately how many hours does a typical student spend in program activities during the summer?

Total hours in program activities during the summer

Hours per typical week in program activities during the summer

24. Approximately how many hours does a typical student spend in program activities during the academic year and during the summer?

Total hours in program activities during the academic year

Hours per typical week in program activities during the academic year

Total hours in program activities during the summer

Hours per typical week in program activities during the summer

25. What is the duration of the program?

One week

One month

One semester (or half year)

Full academic year

More than one academic year

One summer

Other (please specify)

26. Program services are provided (check all that apply):

During regular school hours

After school hours

Weekends

Episodic events (e.g. financial aid nights, college fairs, college visits, College Goal Sunday, etc.)

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27. How many years does a typical student participate in this program?

Number of years

28. What is your enrollment/admissions process? (Check all that apply)

- Students must apply for admission
- All students may participate (open enrollment)
- Students are specifically targeted & selected
- Admission is competitive
- Students are selected on a first-come, first served basis
- Parents must supply financial information (1040, W2, FAFSA)
- Parents must sign contract before student participation
- Other (please specify)

29. What is the maximum number of participants that your program can serve? (If you do not serve parents, please indicate "0")

Students

Parents

* 30. During this program year (2009-2010), were there students who were recommended for the program but unable to participate due to lack of program space?

Yes

No

* 31. How many students were not able to participate?

PROGRAM STAFFING

* 32. Does your program provide pre-service training to staff before they begin working with students?

Yes

No

PROGRAM STAFFING - cont'd

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33. Pre-serving training is:

Required

Optional

34. What is the usual number of hours for pre-service training per staff member?

35. Do staff members/instructors meet on a regular basis with the program coordinator or other program staff to discuss or to plan program activities?

Yes

No

36. If so, how frequently do these meetings take place?

Weekly

Biweekly

Monthly

Less than monthly

STUDENT CHARACTERISTICS

37. What was the total number of students served by the program in 2008-09 and 2009-10?

2008-09

2009-10

38. What grade level are most students when they enter the program?

Grade
level

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39. What special populations does your program target? (Check all that apply)

- Low income
- Low Academic performance
- Gifted/talented students
- Historically underrepresented minorities
- ESL students
- First generation to attend college
- Students with learning disabilities
- Female students
- Male students
- Dropout, stopout, or at-risk students
- High school grads (pre-matriculation)
- High school students
- Middle school students
- Elementary school students
- Other (please specify)

40. How many students were served by your program in 2009-10?

Hispanic/Latino	<input type="text"/>
Black/African American	<input type="text"/>
White	<input type="text"/>
Asian or Pacific Islander	<input type="text"/>
American Indian/Alaskan Native	<input type="text"/>
Other race/ethnicity	<input type="text"/>
Low socio-economic status (i.e., receives free or reduced price lunch)	<input type="text"/>
Female	<input type="text"/>
Male	<input type="text"/>

OPERATING BUDGET

41. What was the total budget for this program in 2009-2010 (e.g., 250000)? Please note that this information will not be printed or released for the privacy of your program.

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42. What were the primary sources of funding for this program in 2009-2010? (Check the one answer that best applies)

- Tuition/Fees
- Internal funding
- External funding

43. Which of the following agencies provide in-kind or financial support for your program? (Check all that apply)

	In-kind	Financial
Federal government	<input type="checkbox"/>	<input type="checkbox"/>
AmeriCorps	<input type="checkbox"/>	<input type="checkbox"/>
State government	<input type="checkbox"/>	<input type="checkbox"/>
Local government	<input type="checkbox"/>	<input type="checkbox"/>
Local school system	<input type="checkbox"/>	<input type="checkbox"/>
Community organization	<input type="checkbox"/>	<input type="checkbox"/>
Business/industry	<input type="checkbox"/>	<input type="checkbox"/>
Private foundation	<input type="checkbox"/>	<input type="checkbox"/>
Individuals	<input type="checkbox"/>	<input type="checkbox"/>
College/universities	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

44. Which of the following incentives does your program offer? (Check all that apply)

- Academic credit (in middle school/high school)
- Cash stipend
- Tuition/fees reimbursement
- Scholarship
- Special recommendation to potential employers or schools
- Certificate of recognition
- Dinner/party
- Other (please specify)

PROGRAM OUTCOMES

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45. How would you evaluate your program's success in meeting its goals?

	Not successful				Very successful	Not a goal
Increase high school persistence/prevent dropouts	jn	jn	jn	jn	jn	jn
Improve academic skills	jn	jn	jn	jn	jn	jn
Encourage rigorous course-taking	jn	jn	jn	jn	jn	jn
Promote interest/strength in particular subject area	jn	jn	jn	jn	jn	jn
Increase the likelihood of attending college	jn	jn	jn	jn	jn	jn
Increase the likelihood of completing college	jn	jn	jn	jn	jn	jn
Encourage parental involvement	jn	jn	jn	jn	jn	jn
Increase college awareness (students/parents)	jn	jn	jn	jn	jn	jn
Provide exposure to college	jn	jn	jn	jn	jn	jn
Encourage long-term financial planning (e.g. financial aid/savings)	jn	jn	jn	jn	jn	jn
Improve student self-esteem	jn	jn	jn	jn	jn	jn
Improve vocational skills	jn	jn	jn	jn	jn	jn
Provide role models	jn	jn	jn	jn	jn	jn
Provide recreational or cultural opportunities	jn	jn	jn	jn	jn	jn

Other program goals

46. Do you monitor student progress during your program?

Yes

No

47. Do you follow or track students after:

	Yes	No
Program completion	jn	jn
High school	jn	jn
College graduation	jn	jn

PROGRAM EVALUATION

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48. How does your program evaluate program and/or student outcomes? (If your program does not conduct evaluations, please leave blank)

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	6

49. How often are program evaluations conducted?

Every year

Every two years

They are not conducted

Other (please specify)

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50. Are you willing to provide us with information regarding your program's evaluation/study?

Yes

No

Not Applicable

ADDITIONAL QUESTIONS

51. What do you see as the three (3) biggest barriers to college access for your students?

1.	
2.	
3.	

52. What would help improve your program?

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53. Do you believe that your program helps students prepare, access, and succeed in post-secondary education? (Please note that answers to this question will be kept confidential)

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54. In your opinion, should the federal government be more or less involved in pre-college outreach programs?

More involved

Less involved

Same

Comments:

	5
	6

55. Please list three (3) pre-college outreach programs that you believe are successful at preparing students for post-secondary education (Please specify the program's name, e.g., ACCESS College Foundation, Norfolk, VA).

1.
2.
3.