Student Environment Survey

# Survey Delivery Suggestions

To allow full customization of questions and control of response data, faculty (or departments) are invited to construct their surveys using the available tools they are most familiar with, such as:

* [UVA Qualtrics](https://virginia.qualtrics.com/) is a secure survey platform, accessible to all UVA faculty
* Email a set of questions to students and ask for individual email responses, if you have a small class

Delivery options:

* Share a survey link or email with students before the semester begins
* Provide students with the link during a live class session and ask them to complete it as an in class activity (suggested time: 10 minutes)

# Survey

## Introduction to Students

Please take your time filling out this survey, which will help me to get to know you better and identify potential barriers to your learning in our current challenging circumstances. I recognize that each of us is coming into this course with a particular set of challenges, potentially including new health concerns, food insecurity, technology limitations, responsibilities and distractions. My goal is to create a learning environment that meets the needs of a diverse student body and, as such, I need to know a little more about you. That being said, please only share what you feel comfortable sharing, responses to the individual questions are not mandatory.

## Questions

### About you

1. What is your name?
2. What is your computing ID? (ex. Mine is ss4ws)
3. What are your pronouns?
* she/her/hers
* he/him/his
* they/them/theirs
* Other (please specify)
1. What year are you?
* 1st
* 2nd
* 3rd
* 4th
* Graduate students

### Technology and its use

1. Do you have reliable access to a computer with a working camera and microphone?
* Yes
* No
* If no, please describe the device and any other hardware you may be using for the course.
1. Do you have a fast and reliable Internet connection?
* Yes
* No
* Please describe any other technological limitations you may have.
1. My plan is for our class to meet via real-time video conferencing (Zoom) on DAYS from TIME to TIME. Will you be able to participate?
* Yes
* No
* Other
* If no, please explain the potential limitations to your participation.
1. Do you have any concerns or limitations in having your camera turned on during our live class meetings?
* Yes
* No
* If yes, please describe.
1. Recording concerns: I am planning to record the synchronous Zoom meetings of this course and make them available on our UVACollab site. Do you have any concerns about that?
* Yes
* No
* If yes, please describe your concerns here.

### Learning & Environment

1. Time Zone: What is your Time Zone? (See <https://everytimezone.com/> if unsure.)
2. Wherever you may be located this semester, do you have a dedicated, quiet space to study?
* Yes
* No
* If no, do you anticipate any difficulties attending classes and being able to study uninterrupted?
1. Are there other commitments (aside from UVA school work) that might affect your ability to engage with the course work?
* Yes
* No
* If yes, please describe any commitments i should be aware of. (i.e. full-time/part-time job, caregiver, etc)

### Questions for instructor

1. Do you have any questions for me? (optional)

### Other needs

1. What else do you want me to be aware of as we start this course?