



Beginning College Survey of Student Engagement

We are interested in your high school experiences and how often you expect to participate in certain activities during your first year of college. The information that you provide will help your institution improve teaching, learning and the quality of the student experience. Thanks for your help. Write or mark your answers in the boxes. Examples: or

Please print your Student ID in the box below. Do not print your Social Security number.

HIGH SCHOOL EXPERIENCES

1 Please write in the year you graduated from high school (for example, 2023):

2 From which type of high school did you graduate? (Select only one.)

- Public Home school
 Private, religiously-affiliated Other (e.g., GED)
 Private, not religiously-affiliated

3 What were most of your high school grades? (Select only one.)

- A+ A- B C+ or lower
 A B+ B-

4 To date, in which of the following math classes have you earned a grade of "C" or better? (Select all that apply.)

- Algebra II Calculus
 Pre-Calculus/Trigonometry Probability or Statistics

5 During high school, how many of the following types of classes did you complete?

Classes:	0	1-2	3-4	5-6	7-8	9-10	11 or more
a. Advanced Placement (AP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. College or university courses for credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 During your last year of high school, about how many papers, reports, or other writing tasks of the following lengths did you complete?

	None	1-2	3-5	6-10	11-15	16-20	More than 20
a. Up to 5 pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Between 6 and 10 pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 11 pages or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 During your last year of high school, about how many hours did you spend in a typical 7-day week doing the following?

- a. Preparing for class (studying, reading, doing homework, etc.)
 0 1-5 6-10 11-15 16-20 21-25 26-30 More than 30
Hours per week
- b. Working for pay
 0 1-5 6-10 11-15 16-20 21-25 26-30 More than 30
Hours per week
- c. Participating in co-curricular activities (organizations, school publications, student government, sports, etc.)
 0 1-5 6-10 11-15 16-20 21-25 26-30 More than 30
Hours per week
- d. Relaxing and socializing (time with friends, video games, TV or videos, keeping up with friends online, etc.)
 0 1-5 6-10 11-15 16-20 21-25 26-30 More than 30
Hours per week

8 During your last year of high school, about how often did you do the following?

	Very often	Often	Some times	Never
a. Reached conclusions based on your own analysis of numerical information (numbers, graphs, statistics, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Used numerical information to examine a real-world problem or issue (unemployment, climate change, public health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Evaluated what others have concluded from numerical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identified key information from reading assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reviewed your notes after class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Summarized what you learned in class or from course materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Included diverse perspectives (political, religious, racial/ethnic, gender, etc.) in course discussions or assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Examined the strengths and weaknesses of your own views on a topic or issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tried to better understand someone else's views by imagining how an issue looks from their perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 During the coming school year, how certain are you that you will do the following? (Continued)

	Not at all certain				Very certain	
	1	2	3	4	5	6
e. Finish something you have started when you encounter challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Stay positive, even when you do poorly on a test or assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 During the coming school year, how difficult do you expect the following to be?

	Not at all difficult				Very difficult	
	1	2	3	4	5	6
a. Learning course material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Managing your time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Paying college or university expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting help with school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Making new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Interacting with faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16 During the coming school year, about how often do you expect to seek help with coursework from the following sources?

	Very often	Often	Some times	Never
a. Faculty members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Academic advisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Learning support services (tutoring, writing center, success coaching, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Friends or other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other persons or offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 During the coming school year, how concerned are you about the following?

	Very much	Quite a bit	Some	Very little	Not at all
a. Feeling homesick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Maintaining positive mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Avoiding mental or emotional exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sleeping well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 How prepared are you to do the following in your academic work at this institution?

	Not at all prepared				Very prepared	
	1	2	3	4	5	6
a. Write clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speak clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Think critically and analytically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Analyze numerical and statistical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use computing and information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Learn effectively on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 How important is it to you that your institution provides the following?

	Not important				Very important	
	1	2	3	4	5	6
a. A challenging academic experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Support to help students succeed academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Opportunities to interact with students from different backgrounds (social, racial/ethnic, religious, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help managing your non-academic responsibilities (work, family, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Opportunities to be involved socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Opportunities to attend campus activities and events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Learning support services (tutoring, writing center, success coaching, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 Which of the following sources are you using to pay for your education expenses (tuition, fees, books, room & board, etc.)? For each, tell us if you are using, not using, or not sure.

	Using	Not using	Not sure
a. Support from parents or relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Grants or scholarships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Employment on- or off-campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal savings or other sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 What do you expect most of your grades will be during the coming year? (Select only one.)

- A B+ B-
- A- B C+ or lower

22 Do you expect to graduate from this institution?

- Yes
- No
- Uncertain

23 Do you know what your major will be?

- No
- Yes, specify:

24 Are you (or will you be) a full-time student at this institution?

- Yes
- No

25 How many of your close friends will attend this institution during the coming year?

- None 1 2 3 4 or more

26 This institution was your:

- First choice
- Second choice
- Third choice or lower

27 How would you describe your gender identity? (Select all that apply.)

- Man
- Woman
- Another gender identity
- I prefer not to respond

28 Are you an international student?

- Yes
- No

29 How would you describe yourself? (Select all that apply.)

- Asian
- Black or African American
- Hispanic, Latina/o, Latine, or Latinx
- Indigenous, American Indian, Native American, or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Another race or ethnicity
- I prefer not to respond

30 Regarding your parent(s), guardian(s), or those who raised you, what is their highest level of education completed by either of them?

- Did not finish high school
- High school diploma or GED
- Attended college but did not complete degree
- Associate's degree (AA, AS, etc.)
- Bachelor's degree (BA, BS, etc.)
- Master's degree (MA, MS, etc.)
- Doctoral or professional degree (PhD, JD, MD, etc.)

31 Which of the following best describes where you will be living while attending college?

- Campus housing (other than a fraternity or sorority house)
- Fraternity or sorority house
- House, apartment, or other residence within walking distance to campus
- House, apartment, or other residence farther than walking distance to campus
- Not applicable: No campus, entirely online program, etc.
- Not applicable: Homeless or in transition

32 Are you a student-athlete on a team sponsored by your institution's athletics department?

- Yes
- No

33 Which of the following best describes your sexual orientation? (Select all that apply.)

- Straight (Heterosexual)
- Bisexual
- Gay
- Lesbian
- Queer
- Questioning or unsure
- Another sexual orientation
- I prefer not to respond

34 Enter your name below:

Given / First Name

Family / Last Name

THANKS FOR SHARING YOUR RESPONSES!

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