



- g. Understanding the causes of the problem addressed by your project
- h. Understanding possible solutions to the community problem
- i. Feeling of personal responsibility to perform community service

	Increase			No Change	Decrease		
	A lot	Some	A Little		A Little	Some	A Lot
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- j. Knowledge of community resources/services
- k. Talking about social issues with others
- i. Reading newspapers/magazines about current events

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Overall, how would you rate the experience you had working on your campus SIA project?

- Excellent
- Very good
- Good
- Fair
- Poor
- Very poor

3. Was your campus SIA project connected with a Service Learning course?      Yes       No

4. What is your major? \_\_\_\_\_

5. What is your class level?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate

6. Your campus: \_\_\_\_\_

THANK YOU FOR COMPLETING THIS SURVEY.