

Introduction to Engineering Design™ Pre-training Experience Survey



The Project Lead The Way® Summer Training Institute (STI) brings together classroom teachers from various subject areas and with varying levels of experience. In order to help your STI instructors prepare to effectively teach to a diverse audience we ask that you take a few moments to complete the following pre-assessment tool. Your responses will only be shared with your STI instructor. **Please return the completed form to the Affiliate Director prior to your arrival at the STI. If you do not return the form prior to the STI, you will have to complete the form as part of the onsite registration process.**

Date of the STI you will be attending: _____

Your Name: _____

School: _____

City: _____ State: _____

Subject(s) taught: _____

List all software used: _____

Number of years teaching: _____

Please use the scale below to respond to the following topics.

- 1 = I have had little or no experience in this area.**
- 2 = I have had moderate experience in this area.**
- 3 = I am very confident of my skills in this area.**

Check the box to indicate your level of competency for each topic and fill in the blanks where requested.

1
 2
 3

Software Experience

Inventor Software Version: _____ #Years Experience: _____
 Other CAD Software Specify: _____ #Years Experience: _____

Engineering Design

The Design Process
 Design Brief
 Spatial Relation - Visualization of 3D and 3-view drawings
 Reverse Engineering
 Portfolio Development

Measurement

Scale
 Caliper
 Micrometer

Technical Drawing

Sketching
 Orthographic
 Pictorials
 Development/Pattern
 Assembly
 Detail
 Dimensioning

Computer Skills

1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Internet Research
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PowerPoint Presentation Development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excel

Please use the scale below to respond the following topics.

1 = No knowledge; require training

2 = Can perform with help

3 = Self-sufficient

How well can you perform the following tasks?

Check the box to indicate your level of competency for each topic.

1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Save to a USB memory drive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burn a CD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Print to a network printer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic mouse skills (click, double-click, right button, click-hold & drag)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify and use icons, menus, and Windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Create and name/rename subdirectories / folders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Save, open, and place documents in subdirectories / folders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open and work with more than one application at a time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Move and size windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Open and close windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change the desktop display
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the Taskbar and the Start button
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Create Start menu shortcuts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Create desktop shortcuts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Find a file or folder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rename, Copy or Move files or folders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share folders and files
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start programs automatically
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check system properties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	'File ... Save' vs. 'File ... Save As'

It is our intent to take a digital picture of each participant, list their school address and email and assemble the information on a master sheet. The class list will be distributed to each member of the current class for personal use as a future reference.

I hereby give my permission for my picture to be taken and used solely for the purpose described above.

Name (print) _____

Signature _____ Date _____

Please use the back of this sheet to identify what you wish to gain from taking this training. Also note any special needs or concerns you may have. Thank You!