

Principles of Engineering™ 2009 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. This survey will be used to help tailor the training to meet your needs.**

Date of the STI you will be attending: _____

Your Name: _____

School: _____

City: _____ State: _____

Subject(s) taught: _____

Degrees & Certifications Held: _____

List all software used: _____

Number of years teaching: _____

Reason for Attending STI: Assigned by Administration Volunteered to teach course

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.

Software Experience

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventor	Version: _____	#Years Experience: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RoboPro	Version: _____	#Years Experience: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excel	Version: _____	#Years Experience: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PowerPoint	Version: _____	#Years Experience: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Word	Version: _____	#Years Experience: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MDSolids	Version: _____	#Years Experience: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bridge Builder	Version: _____	#Years Experience: _____

Physics & Math Principles

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vectors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free body diagrams
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Algebra (Solve for one unknown)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trigonometry

- | | | | |
|--------------------------|--------------------------|--------------------------|------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geometry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basic Statistics |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kinematics |

Materials Testing/Shop Experience

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structural stress analyzer equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Digital Calipers w/microprocessor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hand Tools |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Band saw |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Metal Lathe |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Belt Sander |

Measurement

Prefixes & Unit Conversions

- | | | | |
|--------------------------|--------------------------|--------------------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scale |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Calipers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Micrometer |

Technical Drawing

- | | | | |
|--------------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sketching |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working Drawings/Plans |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Profiles |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sections |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Details |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dimensioning |

Basic Computer Skills

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.

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Burn CD |
| <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"/> | |
|--------------------------|--------------------------|--------------------------|--|

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Move and copy files |
| <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"/> | Open, close, move, and size 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"/> | Start <i>My Computer</i> and <i>Windows Explorer</i> |
| <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"/> | Create a new folder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Copy files onto USB Flash Drive |
| <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"/> | Check System Properties |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Know the difference between 'File...save' and 'File ... Save As' |

Advanced Computer Skills

- | | | | |
|--------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Internet research, web browsers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flow Charting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Charts & Graphs |

It is our intent to take a digital picture of each participant, list their school and email addresses 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. Additional photographs or video of participants will be taken throughout the summer training and may be added to curriculum resources and used for instructional purposes.

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!