

Gateway To Technology™ 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 efficiently 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 Competencies

- | | | | | | |
|--------------------------|--------------------------|--------------------------|------------------------|----------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inventor | 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"/> | Microsoft Word | Version: _____ | #Years Experience: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lucky Logic or Robopro | Version: _____ | #Years Experience: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | | #Years Experience: _____ |

Engineering Competencies

1 2 3

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Design Process/Problem Solving |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Design Brief |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Engineer's Notebook |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reverse Engineering |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Portfolio Development |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Presentation Skills |

Mathematics Concepts

1 2 3

- Basic Geometry
- Simple Algebraic Formulas
- Boolean Logic and Truth Tables

Science / Physics Principles

1 2 3

- Laws of Motion
- Simple Machines/Mechanisms
- Gear/Ratios
- Energy Transformation
- Basic Chemistry
- Electricity
- Concepts of: Voltage, Current, Resistance
- Series and Parallel Circuits
- Analog vs. Digital Sensors
- Digital Multi-meter Use
- Electronic Components: Resistors, Transistors, LEDs, etc.
- Knowledge of Systems and Subsystems

Prototyping / Tool Experience

1 2 3

- Experience Using Power Tools
- Experience Using Hand Tools
- Knowledge of Safety Techniques
- Soldering
- Fischertechnik Modeling System

Measurement

1 2 3

- Ruler/Linear Measurement
- Scale
- Calipers
- English Units
- Metric Units
- Mass/Scale/Triple Beam Balance

Technical Drawing

1 2 3

- Sketching/Thumbnail

Technical Drawing (Cont.)

- | 1 | 2 | 3 | |
|--------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | One/Two Point Perspective Drawings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Orthographic Drawings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Isometric Drawings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dimensioning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assembly Drawings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bill of Materials |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working Drawings |

Computer Skills

- | 1 | 2 | 3 | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Start, My Computer and Windows Explorer |
| <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"/> | 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"/> | Internet research, web browsers |
| <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"/> | 'File ... Save' vs. 'File ... Save As' |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downloading digital images |
| <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"/> | 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"/> | 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"/> | Opening, closing, moving, and sizing windows |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Change the desktop display |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Check system properties |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Create desktop shortcuts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Create and name/rename subdirectories /folders |

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!