

## Teamwork in the iCons Program

### Overall team function

We are interested in learning about your experiences working as part of a team in iCons so we can understand the strengths and weaknesses of this approach. Participation is voluntary, but your responses can help us make meaningful improvements to the program. Your instructor will not view your responses to these questions.

Please think about your experiences working in your iCons team this week when answering these questions. There are no right or wrong answers. We want to hear your sincere feedback.

Did your team encounter any obstacles while working on your iCons project this week?

- Yes
- No
- I don't know

Please describe any obstacles your team encountered, and how your team is handling each one:

How would you rate your team's overall progress this week?

Poor |      | Excellent

How would you rate your team's overall productivity this week?

Poor |      | Excellent

## Collaboration within your team

About how much time did you spend working alone on your iCons project this week?  
[Enter the approximate number of hours]

About how much time did you spend working with your teammates on your iCons project this week?  
[Enter the approximate number of hours]

Please use the scale below to indicate your preference when working on your iCons project this week:

I preferred to work alone |      | I preferred to work with my teammates

Do you think any of your teammates learned something from you this week?

- Yes  
 No  
 I don't know

Do you think any of your teammates learned something from you that you learned in your major studies?

- Yes  
 No  
 I don't know

What do you think your teammates learned from you?

**Did you learn something from any of your teammates this week?**

- Yes
- No

**What did you learn from your teammates?**

**How much do you feel you contributed to your team's progress this week?**

- None
- Very little
- Some
- A Lot

**Please describe the specific contributions you made to your team's progress this week:**

**How much do you think each of your other teammates contributed to your team's progress this week?**

	None	Very little	Some	A Lot
Teammate 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teammate 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teammate 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Competitiveness within the team

Think about your team's interactions this week. How would you rate the overall level of competition among team members?

Not at all competitive |      | Very competitive

Did any one individual dominate the team this week?

- Yes  
 No  
 I don't know

Did the same individual dominate the team last week?

- Yes  
 No  
 I don't know

In your interactions with your teammates this week, please indicate the extent to which you felt:

	Not at all	Somewhat	Very much
A sense of belonging on your team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepted by your teammates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respected by your teammates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your interactions with your teammates this week, please indicate the extent to which you felt:

	Not at all	Somewhat	Very much
A sense of inadequacy on your team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded by your teammates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rejected by your teammates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Sense of belonging on the team

To what extent did you enjoy working with your iCons teammates this week?

Not at all |      | To a great extent

Based on your experiences this week, would you choose to be a part of this team again if given the choice?

- Yes  
 No  
 I don't know

Please describe any specific experiences - negative or positive - that affected your sense of belonging on your team this week:

## Feelings of challenge

How confident did you feel about working with your iCons team this week?

Not at all confident |      | Very confident

How excited did you feel about working with your iCons team this week?

Not at all excited |      | Very excited

How stressed did you feel about working with your iCons team this week?

Not at all stressed |      | Very stressed

**Do you think you are likely to overcome any challenges you experienced in your iCons team this week?**

- Not at all likely
- Somewhat likely
- Very likely
- I did not experience any challenges this week

### Short answer questions

**Based on your experiences with your iCons team so far, what do you think are the key components of a well functioning team?**

### Future aspirations

**How interested do you think you would be in pursuing a career where you work on problems as part of interdisciplinary teams, like in iCons?**

Not at all interested |      | Very interested

**How interested do you think you would be in pursuing a career where you work on problems as part of teams where all members are from the same discipline?**

Not at all interested |      | Very interested

**How interested do you think you would be in pursuing a career where you work on problems alone?**

Not at all interested |      | Very interested

**What is your gender?**

- Female
- Male

**What is your age?**

**Did you take any Advanced Placement (AP) classes in math or science when you were in high school?**

- Yes
- No
- Not applicable

**Please list any AP math and science classes you have taken:**

**Please indicate the highest level of education attained by your parents or guardians:**

Parent/Guardian 1	<input type="text"/>
Parent/Guardian 2	<input type="text"/>
Parent/Guardian 3	<input type="text"/>
Parent/Guardian 4	<input type="text"/>

**Please describe your parents' or guardians' primary occupations, including homemaker:**

Parent/Guardian 1	<input type="text"/>
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Parent/Guardian 2

Parent/Guardian 3

Parent/Guardian 4

**About how much is the combined annual household income of your family?**

- \$25,000 or less
- \$26,000 to 50,0000
- \$51,000 to 75,000
- \$76,000 to 100,000
- \$101,000 to 125,000
- \$126,000 to 150,000
- \$151,000 to 175,000
- \$176, 000 to 200,000
- \$201,000 or more

**Please indicate your race. You may select multiple answers.**

- White
- Black, African American
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Asian
- Other Pacific Islander
- American Indian or Alaska Native



Other

**If you selected "American Indian", what is the name of your enrolled or principal tribe?**

**If you selected "Other", please specify:**

**If you selected "Other Pacific Islander", please specify:**

**If you selected "Other Asian", please specify:**

**Are you of Hispanic, Latino or Spanish origin? You may select more than one answer.**

- No, not of Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican American, Chicago
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino or Spanish origin

**If you selected, "another Hispanic, Latino or Spanish origin", please specify:**

