

Pre Semester Questionnaire

The questionnaire students filled out on the first day of class.

* Indicates required question

1. Please input your first and last name. *

2. Why are you taking this Robotics class? *

3. What concepts, topics and/or ideas do you expect to learn over the course of this semester? *

4. What kind of experience do you have with programming robots? *

5. How difficult do you expect this class to be and why? *

6. How stressful do you think this class will be for you? *

Mark only one oval.

	1	2	3	4	5	6	7	
High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not Stressful

7. What are your initial thoughts when you think about taking a robotics class? *

8. What year are you in school? *

Mark only one oval.

☐ First year

☐ Sophomore

☐ Junior

☐ Senior

☐ Other: _____

9. What is your major? *

10. How many years of programming experience do you have? *

Mark only one oval.

- ☐ 1 or less years
- ☐ 2 years
- ☐ 3 years
- ☐ 4 or more years

11. What programming language are you most familiar with? *

Mark only one oval.

- ☐ Python
- ☐ C/C++
- ☐ Java
- ☐ Other: _____

12. I am an experienced Python programmer. *

Mark only one oval.

	1	2	3	4	5	6	7	
Stro	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Disagree

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