

---

# 2023-24 CLIP Summer Training Survey

---

## Start of Block: Default Question Block

Q1 Welcome to the CLIP program; we are so excited to have you a part of our program this year! This survey will help us collect general information that we will need throughout the program year.

**This survey will take about 20 minutes;** please be sure you have enough time to complete it carefully :)

If you have any questions, please contact us at [clip@characterlab.org](mailto:clip@characterlab.org).

## End of Block: Default Question Block

---

### Start of Block: Demographic and contact information

Q2 Please enter your legal first name.

---

Q3 Please enter your preferred first name.

---

Q4 Please enter your last name.

---

---

Page Break

Q5 Please select your gender pronouns

- He/him
- She/her
- They/them
- Prefer to self-identify \_\_\_\_\_
- Prefer not to say

---

Q33 We know that some students use different pronouns/names with their family than they do with friends or at school.

How would you like us to refer to you if we are speaking with your parent(s)/ guardian(s)?

---

---

---

---

---

---

Page Break

---

Q7 Which of the following best describes your race, ethnicity, and/ or origin? (Select all that apply.)

- Black or African American
- Asian or Asian America
- Hispanic or Latine
- Indigenous American or Alaskan Native
- Middle-Eastern or North African
- Multiracial
- Pacific Islander or Native Hawaiian
- White
- Prefer not to say
- Prefer to self-define/ Other

---

Page Break



Q6 What is your email address? Please provide an email address that is **not affiliated with your school** (for example, a personal gmail account).

---



Q8 When is your birthday? (Please enter your birthday in MM/DD/YYYY format.)

---



Q9 What is your phone number? (If you do not have a personal cell phone, that's ok! Please provide a number we can contact you at.)

---

---

Q10 Please share the following information about your parent/ guardian:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

---

Page Break

---

Q11 We are planning to mail you a few surprises for summer training! Do you know where you will be able to receive mail this summer?

Yes

No

---

*Display This Question:*

*If We are planning to mail you a few surprises for summer training! Do you know where you will be ab... = Yes*

Q12 Please enter your mailing address.

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

---

*Display This Question:*

*If We are planning to mail you a few surprises for summer training! Do you know where you will be ab... = No*

Q13 That's ok! If you don't know your own mailing address this summer, is there an alternative address where we could send your stuff? (For example, your best friend's house or a trusted neighbor.) Please write any details below.

---

---

---

---

---

---

---

Page Break

Q14 To help sustain you during the training, we might send you some snacks or other surprises! Is there anything you are allergic to that we should know about? (No need to list all of your allergies -- we just want to know food or material allergies, like latex or polyester.)

---

---

---

---

---

---

---

Page Break

Q34 What kind of CLIPster are you?

- Peer Mentor
- New CLIPster

**End of Block: Demographic and contact information**

---

---

Page Break

---

Q55 What grade will you be in next year?

- 9th
- 10th
- 11th
- 12th

End of Block: School Information

---

Start of Block: New CLIPsters

*Display This Question:*

*If What kind of CLIPster are you? = New CLIPster*

Q39 Your year in CLIP will kick off with a virtual training on **July 10-13, 2023**. During that training, you will meet CLIP participants from around the country and receive training that will prepare you for your work over the year.

**Please mark these dates on your calendar!**

---

*Display This Question:*

*If What kind of CLIPster are you? = New CLIPster*

Q40 Will you be able to attend training on July 10-13?

- Yes
- No (please explain) \_\_\_\_\_

---

*Display This Question:*

*If What kind of CLIPster are you? = New CLIPster*

Q41 Do you have any other commitments during training week (jobs, camps, activities, taking care of siblings)?

- Yes (Please explain in as much detail as possible, including any times during the day you will be unavailable) \_\_\_\_\_
- No

---

*Display This Question:*

*If What kind of CLIPster are you? = New CLIPster*

Q43 What do you most hope to gain or experience this summer during training?

\_\_\_\_\_

---

Page Break \_\_\_\_\_

**End of Block: New CLIPsters**

---

**Start of Block: Swag sizes**



---

Q15 Throughout the year, we might send you some Character Lab swag surprises :) Please select your t-shirt size (adult sizes only).

- XS
- S
- M
- L
- XL
- XXL

End of Block: Swag sizes

---

Start of Block: Tech Support

Q16 We want to ensure that you have the technology you need to participate fully and comfortably in the CLIP virtual training, so we're gathering information to better understand how to support you! **You do not need to purchase anything to participate in CLIP.**

---

---

Q17 To participate fully in CLIP training, you will need to be able to connect to video calls over the internet. Previous participants have said that it is easiest to participate on a computer or tablet with a camera and microphone. A smartphone is not sufficient for carrying out your CLIP responsibilities.

Do you have access to a computer or tablet that you can use for the summer training and throughout the year?

- Yes
- Maybe (Please explain) \_\_\_\_\_
- No

---

*Display This Question:*

*If To participate fully in CLIP training, you will need to be able to connect to video calls over th... = Yes*

Q19 What sort of devices do you have access to?

- Personal or family laptop/ desktop computer
  - Personal or family tablet
  - School laptop
  - School tablet
  - Other
-

---

*Display This Question:*

*If What sort of devices do you have access to? = School laptop  
Or What sort of devices do you have access to? = School tablet*

Q22 Will you still have access to your school-provided device(s) over the summer?

- Yes
- No
- Unsure

---

Page Break

*Display This Question:*

*If To participate fully in CLIP training, you will need to be able to connect to video calls over th... =  
Yes  
Or To participate fully in CLIP training, you will need to be able to connect to video calls over th... =  
Maybe (Please explain)*

Q20 Does your device have a camera and microphone?

- Yes
- No
- Unsure

---

*Display This Question:*

*If To participate fully in CLIP training, you will need to be able to connect to video calls over th... =  
Yes  
Or To participate fully in CLIP training, you will need to be able to connect to video calls over th... =  
Maybe (Please explain)*

---

Q21 Does your device allow you to use Zoom?

- Yes
- No
- Unsure

---

Page Break

Q23 Do you usually have access to reliable internet at home?

- Yes
- No
- Sometimes

Q24 Is there a quiet place in your home where you can connect to the internet?

- Yes
- No
- Sometimes

**End of Block: Tech Support**

---

**Start of Block: Accommodations**

**Q25 Supporting Your Learning**

There are many different learning styles and preferences represented in the CLIP cohort, which

---

is amazing! We want to make sure that everyone receives the support needed to be able to concentrate, learn, and feel engaged and successful during our week-long virtual training and throughout the year.

---

Q26 What are a few things that help you feel engaged, supported, and ready to learn?

---

---

---

---

---

---

Q27 Are there any accommodations you receive in school that you think we should know about that could support your learning? If so, please describe them.

---

---

---

---

---

---

End of Block: Accommodations

---

Start of Block: Translation

---

Q28 Do you speak any languages other than English?

- Yes, I am fluent in another language(s)
- No, only English
- I speak a little bit of another language

---

*Display This Question:*

*If Do you speak any languages other than English? = Yes, I am fluent in another language(s)*

Q29 What language(s) do you speak?

---

End of Block: Translation

---

Start of Block: Emergency Contacts

**Q30 Emergency Contacts**

In case we are ever concerned about you, we want to know who to reach out to! Please share two trusted adults below who could serve as emergency contacts.

---

---

Q31 Emergency Contact #1

First name \_\_\_\_\_

Last name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to you \_\_\_\_\_

Preferred language \_\_\_\_\_

---

Q32 Emergency Contact #2

First name \_\_\_\_\_

Last name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to you \_\_\_\_\_

Preferred language \_\_\_\_\_

**End of Block: Emergency Contacts**

---