

AirUCI

SUMMER PROGRAM TEACHER SURVEY

We'd like to find out more about you so we can tailor our summer program based on your background.
Please mark all boxes that apply.

1. I heard about AirUCI's summer program through:

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Mailed letter | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Professional meeting | |
| <input type="checkbox"/> AirUCI web site | <input type="checkbox"/> AirUCI newsletter | <input type="checkbox"/> Flyer | <input type="checkbox"/> Other |

**2. My degree is in _____
at the following level:**

- | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> B.S. | <input type="checkbox"/> B.A. | <input type="checkbox"/> M.S. | <input type="checkbox"/> M.A. | <input type="checkbox"/> Ph.D. |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|

3. I have taken at least one college course in:

- | | | | |
|---|--|----------------------------------|-------------------------------|
| <input type="checkbox"/> Freshman chemistry | <input type="checkbox"/> Organic chemistry | <input type="checkbox"/> Physics | <input type="checkbox"/> Math |
|---|--|----------------------------------|-------------------------------|

4. Would you find it useful to include an overview of organic chemistry terms and concepts?

- | | |
|--|--|
| <input type="checkbox"/> Yes, I'm a little rusty in this | <input type="checkbox"/> No, I'm well-versed in organic chemistry |
| <input type="checkbox"/> Yes, organic chemistry is new to me | <input type="checkbox"/> No, I'm rusty but I'd rather cover other material |

5. Have you ever taught atmospheric or environmental topics in your classes? Yes No

If Yes, which major topics? _____

If No, what environmental concerns are you interested in learning about to pass on to your classes?

6. Please write 2-3 sentences explaining what you are hoping to take away from this course.

7. Do you have any special dietary requirements? If so, please check the appropriate box:

- | | | | |
|-------------------------------------|--------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Non-dairy | <input type="checkbox"/> Other _____ |
|-------------------------------------|--------------------------------|------------------------------------|--------------------------------------|

Please mark all boxes that apply.

