Appendix C: Host Survey

Thank you for hosting an iINVENT summer camp! Without partners like you, bringing invention education to your community would not be possible. To further our goal of bringing invention education to Oregon, we would appreciate your feedback. The survey will only take a few minutes to complete.

Thank you again for hosting!

Sincerely, iINVENT Staff

Please describe the location of the camp you hosted.

Why did you choose to host an iINVENT camp in your community? (check all that app	Why c	did you	choose	to host an	INVENT	camp in	your commu	nity? (d	check all t	hat apply
---	-------	---------	--------	------------	--------	---------	------------	----------	-------------	-----------

Provide access to a learning experience to youth
Help youth learn about Science, Technology, Engineering, and Math
Help youth learn about college
Provide youth with a safe place during summer
Other
Please say more as to why you chose to host an iINVENT camp in your community?
Have you hosted an iINVENT camp before?
○ Yes
○ No

If yes, how many invention camps have you hosted and why did you choose to host another camp this year?

How much total time did you and/or others spend preparing and supporting iINVEN	IT at your site?
○ 0–5 hours	
○ 6–10 hours	
○ 11–15 hours	
○ 16–20 hours	
 16–20 hours 20+ hours 	

	N/A	Extremely easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult (4)	Extremely difficult (5)
Finding a suitable space (e.g., WiFi, projector, rooms, etc.)	0	0	0	0	0	0
Recruitment of youth	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Transportation for youth to and from camp	0	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
Providing lunch for youth	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Personnel to be on-site while the camp was ongoing	0	0	\bigcirc	0	0	\bigcirc

How easy was it to find the resources needed to support a camp at your community location?

How was the planning process to host an iINVENT camp for you?

How could iINVENT staff better support you to host an iINVENT camp?
Was food provided by your organization or school at your site? (check all that apply)
○ Lunch
O Breakfast
○ Snack
O My site did not offer meals or snack

Please rate the following iINVENT staff traits based on your interactions with them and observations of them while at camp.

	Did Not Observe	Very Positive	Positive	Neither Positive or Negative	Negative	Very Negative
Staff's ability to communicate with site host	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
Staff's ability to communicate with parents/guardians about youth (e.g., pickup, goals, issues, needs, etc.)	0	\bigcirc	0	\bigcirc	\bigcirc	0
Staff's ability to build positive relations with youth	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
Staff's ability to promote a safe environment for youth	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
Staff's ability to engage youth in the camp curriculum	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0
Staff's ability to promote youth learning	0	\bigcirc	0	\bigcirc	\bigcirc	0

Based on your interactions and observations, is there any positive feedback you would like to pass on? (e.g., key impacts, actions, or changes staff made to support youth while at camp)

d on your into	ractions and ob	convotions are t		of pooded imp	rovomont2 (o a
		servations, are tl group managem			ardian interactions)
					_
					_
you interestec	l in hosting an il	NVENT camp nex	xt summer in yc	our community	if the schedule allow
• Yes					
O No					

We thank you for hosting a camp this year. Please share why you have chosen not to host a camp in the future. Thank you for your feedback.



Thank you for your interest in hosting an iINVENT camp next year. Please share with us three **possible** weeks to consider for next summer's camp. In addition, when would you first like to be contacted to start planning a camp for next summer?

While we may not be able to host a camp in every community, we want to make sure that we start the planning process early.

End of Block: Default Question Block

Parent Survey

Thank you for having your child attend an iINVENT summer camp! Without parents/guardians like you, bringing invention education to your community would not be possible. To further our goal to improve invention education in Oregon, we would appreciate your feedback. The survey will only take a few minutes to complete.

Sincerely, iINVENT Staff

Please describe the location of the camp.

Why did you choose to have your child attend iINVENT? (Check all that apply)

Valuable learning experience
To learn about Science, Technology, Engineering, and Math
To learn about college
To provide a safe place for your child
Other

Please say more as to why you chose to have your child attend iINVENT.

	N/A	Extremely easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Extremely difficult
Finding out about the camp from the community partner	0	0	\bigcirc	0	0	0
Registering your child online through the web portal	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Finding out what your child will do in the camp	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Finding out camp logistics (e.g., drop-off, pickup, lunch, etc.)	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

How easy was it to find out about the iINVENT camp?

How was the registration process for camp?

How could registration and receiving information about camp be improved?

Please rate the following iINVENT staff traits based on your interactions with them and your child's experience at camp.

	N/A	Very Positive	Positive	Neither Positive or Negative	Negative	Very Negative
Staff's ability to promote a safe environment for youth	\bigcirc	\bigcirc	0	0	\bigcirc	0
Staff's ability to communicate with parents/guardians about youth (e.g., pickup, goals, issues, needs, etc.)	\bigcirc	\bigcirc	0	\bigcirc	0	0
Staff's ability to build positive relations with youth	\bigcirc	\bigcirc	\bigcirc	0	0	\bigcirc
Staff's ability to support your child at camp	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Staff's ability to engage youth in the camp curriculum	\bigcirc	\bigcirc	\bigcirc	0	0	\bigcirc
Staff's ability to promote youth learning	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0

Based on your interactions with staff and your child's experience, is there any positive feedback you would like to pass on? (e.g., key impacts, actions, or changes staff made to support your child at camp)

Based on your interactions with staff and your child's experience, are there any areas of needed improvement? (e.g., building relationships with youth, group management, camp logistics, parent/guardian interactions)

Are you interested in having your child attend an iINVENT camp next year?

○ Yes

🔘 No

We thank you for having your child attend camp this year. Please share why they may not return. Thank you for your feedback.

Thank you for your interest in having your child attend an iINVENT camp next year. Please share with us why they are excited to return and what we can add to camp next year.