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.

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Why did you choose to host an iINVENT camp in your community? (check all that 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?

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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?

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How much total time did you and/or others spend preparing and supporting iINVENT at your site?

- 0–5 hours
- 6–10 hours
- 11–15 hours
- 16–20 hours
- 20+ hours
How easy was it to find the resources needed to support a camp at your community location?

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

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

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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
- Breakfast
- Snack
- My site did not offer meals or snack
Please rate the following iNVENT staff traits based on your interactions with them and observations of them while at camp.

<table>
<thead>
<tr>
<th>Staff’s ability to communicate with site host</th>
<th>Did Not Observe</th>
<th>Very Positive</th>
<th>Positive</th>
<th>Neither Positive or Negative</th>
<th>Negative</th>
<th>Very Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff’s ability to communicate with parents/guardians about youth (e.g., pickup, goals, issues, needs, etc.)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Staff’s ability to build positive relations with youth</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Staff’s ability to promote a safe environment for youth</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Staff’s ability to engage youth in the camp curriculum</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Staff’s ability to promote youth learning</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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)

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

Are you interested in hosting an iINVENT camp next summer in your community if the schedule allows.

- Yes
- 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.

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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.

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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

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

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

<table>
<thead>
<tr>
<th>Finding out about the camp from the community partner</th>
<th>N/A</th>
<th>Extremely easy</th>
<th>Somewhat easy</th>
<th>Neither easy nor difficult</th>
<th>Somewhat difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registering your child online through the web portal</td>
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<tr>
<td>Finding out what your child will do in the camp</td>
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<tr>
<td>Finding out camp logistics (e.g., drop-off, pickup, lunch, etc.)</td>
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</table>

How was the registration process for camp?

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How could registration and receiving information about camp be improved?
Please rate the following iNVENT staff traits based on your interactions with them and your child’s experience at camp.

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<thead>
<tr>
<th></th>
<th>N/A</th>
<th>Very Positive</th>
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<th>Neither Positive or Negative</th>
<th>Negative</th>
<th>Very Negative</th>
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<td>Staff’s ability to support your child at camp</td>
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<tr>
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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)

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________________________________________________________________

________________________________________________________________
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)

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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.

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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.