

STUDY ABROAD PROGRAMS QUESTIONNAIRE

To Be Filled Out By Resident Advisor or Hall Director

This questionnaire and the information within it are confidential. Thank you for your willingness to candidly respond to these questions. This information will be of great value to the Program Coordinator in the selection process.

Name of student applying for program abroad: _____

For which program is student applying? _____

Name of individual completing questionnaire: _____

I. Circle the correct answer:

1. Do you know this student

very well acquainted do not know well

2. This student initiates constructive or planned events for the residence hall:

often sometimes rarely never cannot judge

3. This student participates in activities with international students:

often sometimes rarely never cannot judge

4. This student cooperates when asked to help with group activities:

always sometimes rarely never cannot judge

5. This student gets along well with others on the hall and in the building:

always often sometimes rarely never cannot judge

7. This student appears to be under the influence of alcohol

never once a week 2-3 times a week 4 or more times a week cannot judge

8. I have observed that the student behaves in an offensive manner when using alcohol or other drugs:

yes no

9. Does this student have a pattern of loud parties, disruptive behavior or lack of consideration for others?

none once few times frequently cannot judge

10. When asked to stop such behavior, the student:

stops at once blames others eventually stops becomes angry refuses to stop

II. Please rate the following and provide comments in the space provided:

cannot judge very good above average below average

Ability to follow directions

Ability to act appropriately independently of peers

Tolerance for physical inconvenience (such as cold showers, no phone)

Degree of appreciation for differences (such as cultural, racial, religious)

Ability to interact in social situations

Comments:

III. Please answer the following:

1. Would you go in a group to a foreign country with this student? yes no Why?
2. Would you be willing to share a room with this student for a semester? yes no Why?

Comments:

Signature: _____ Date: _____

This questionnaire will be destroyed at the completion of the semester abroad program.

Please return to the Office of Study Abroad Programs in Worth House II.