

Annual Report 2004-2005

COMMITTEE ON HUMAN RELATIONS

Submitted by

Xiangqun Zeng, Chair

Membership:

The following were members of the 2003-2004 Human Relations Committee:

Julia Urla, Modern Languages
Karen Markel, Business Administration
Ann Mitchell, Nursing
Chaunda Scott, Education and Human Services
Omar Brown, Center for Multicultural Initiatives
Stephanie Lee, Academic Affair
Tai Chia-Poh, Academic Affair

Meetings: The committee met twice monthly during the year (i.e. Fall 2004 and winter semester 2005) on Thursday from 2-3pm or 3-4pm at Chemistry Department Conference room (SEB 260).

Charge: This year the HR Committee goal was guided by the specific charge below:

“To consider total educational climate at Oakland University, and to select for its particular attention those issues that are most directly related to instances of significant under-representation of various community groups wherever they may occur in all of the academic programs of the university.”

Methods: The committee felt that it is important to understand current human relationship issues among students at Oakland University and learn their opinions about how those issues affect their learning. Consequently, majority of time was spent in developing a Human Relationship survey in fall 2004. The draft survey was revised in the winter 2005 (attached). We also obtained IRB approval for conduct the survey in the fall 2005. After seeking the feedback from Susan Spencer Wood and Laura Schartman about the survey we developed, the committee decided to conduct a web-based pilot survey study in the spring/summer or fall 2005. We expect the pilot study will provide lots of insights about human relationship issues existed in Oakland and provide guidance for the committee to further revising the survey for a much big population study. The end goal is to further develop programs to help students to be successful at Oakland University based on the survey results.

Oakland University
Human Relations Committee
 Evaluation Questionnaire – Fall 2004

The Human Relations Committee is conducting a survey about students' background, issues related to human relationships and their effects on your learning experience at Oakland University. We hope this information will assist us in better serving future students' needs at Oakland University.

Name (optional) Please print: _____

Please describe your own profile and learning preferences.

I. Personal Profile

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
1. Self Directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Motivated to obtain degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Likes or comfortable with high tech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Seeks new experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Serious goals relating to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Concrete thinker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Competence in searching the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Likes Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. High Expectations related to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Educational Profile

1. What is your current enrollment status in the OU?

<input type="checkbox"/>	I have graduated from the program. • <i>Date of graduations</i> _____ [Month/Year] • <i>Specific graduate program (i.e., Nurse Anesthesia)</i> _____
<input type="checkbox"/>	I am currently enrolled in courses.
<input type="checkbox"/>	I am not enrolled in courses but plan to take courses in the future. • <i>Date you last enrolled in classes:</i> _____ [Month/Year] • <i>Date you plan to enroll again in classes:</i> _____ [Month/Year]
<input type="checkbox"/>	I have withdrawn from the program or do not intend to complete my degree through this program at OU. • <i>How many courses did you complete before withdrawing from the program?</i> ____ • <i>Please tell us why you have discounted or withdrawn from the program:</i> _____ _____

2. What is the **primary reason** you enrolled in a program at OU: [Check only one.]

<input type="checkbox"/>	To meet current job requirements
<input type="checkbox"/>	To prepare for future career advancement opportunities
<input type="checkbox"/>	For personal enrichment or satisfaction
<input type="checkbox"/>	Other (please elaborate): _____

3. What is the **secondary reason** you enrolled in the a program at OU: [Check only one.]

<input type="checkbox"/>	To meet current job requirements
<input type="checkbox"/>	To prepare for future career advancement opportunities
<input type="checkbox"/>	For personal enrichment or satisfaction
<input type="checkbox"/>	Other (please elaborate): _____

4. How did you first hear about the graduate program options?

5-9. Why did you choose to enroll in the Oakland University's Program? [Check all that apply.]

5.	<input type="checkbox"/>	It included online courses.
6.	<input type="checkbox"/>	I could transfer credits earned at other institutions.
7.	<input type="checkbox"/>	The program costs were reasonable.
8.	<input type="checkbox"/>	The program was recommended by a friend, colleague or employer.
9.	<input type="checkbox"/>	The program had a good reputation.

10. If there were other reasons why you chose OU please describe them here.

11. Before you enrolled, about how long (in years) had you been considering going back to school? _____ Years.

III. Human Relations Issues

If you have experienced human relations issues that have posed an obstacle to your learning with any of the following categories of person, please indicate how often. Issues of human relations that may have been a concern to you may be issues related to your race, ethnicity, gender, age or other factors which you perceive as contributing to a positive factor in your educational experience. Indicate the frequency.

	Persons:	Never	Rarely/on Occasion	Sometimes	Often	Most Often All the Time
1.	Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.	Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Other <i>(Please elaborate):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have experienced a human relations issue in any of the above categories please describe:

6. If you have experienced human relations issues with any of the following categories of persons please rank the Severity.

Persons	Minor	Moderate	Severe	Very Severe	Extreme
Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Please elaborate):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. If you have experienced human relations issues with any of the following categories of persons please rank the frequency.

Persons	Never	Rarely/on Occasion	Sometimes	Often	Most Often All the Time
Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(Please elaborate):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What services have been *most* helpful to you as a student? Why?

6. What services have been *least* helpful to you as a student? Why?

7. What services, in your opinion, need improvement? Why?

11. What can we do to better serve you?

12. Please tell us anything else you feel would be of value in our evaluation of the University?

IV. Diversity

1. Have you had a chance to interact with diverse peers (e.g. Asian , Black, Hispanic students, etc.) at Oakland University

- Yes No

Please explain:

2. In what ways this interaction has been positive or negative? Please explain.

V. Technology Profile

1-5. Indicate how often you use/used a computer at the following locations to do course activities per semester:

Location:	Never	Rarely/on Occasion	Sometimes	Often	Most Often All the Time
1. At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. At work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At a public library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At a campus library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Other (<i>Please elaborate</i>):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you own your own a desktop computer, a laptop or both?

- Desktop computer
 Laptop
 Both

9. If you did not have your own computer, how difficult would it be for you to find access to a computer?

- Very difficult
 Fairly difficult
 Fairly easy
 Very easy

10. If you have your own laptop, do you bring it to campus and connect to the wireless campus network? (The University has wireless network in some common areas.)

- Yes
 No

VI. Obstacles to Learning

1. Which of the following were obstacles (1) to your enrollment in the University and/or (2) to your continuation of your education?

Obstacles	An obstacle to <u>enrolling</u> in the program	An obstacle to <u>continuing</u> in the program	Never an obstacle
Childcare (or other family responsibilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If there were other obstacles to your enrollment or continuation in the University, please describe them here.

VII. Demographic information

1. Age: [Check only one.]

Under 25	25 - 34	35 - 44	45 - 54	55 - 64
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Race/Ethnicity: [Check only one.]

<input type="checkbox"/>	American Indian	<input type="checkbox"/>	White
<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	Multi-racial
<input type="checkbox"/>	Asian American/Pacific Islander	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Hispanic/Latino		

3. Gender: [*Check only one.*] Female Male

4. Which *best* describes the economic status of your current household? [*Check only one.*]

<input type="checkbox"/>	I am the sole provider of income for my family with minimum wages.
<input type="checkbox"/>	I am the sole provider of income for my family with average wages.
<input type="checkbox"/>	I am the sole provider of income for my family with better than average wages.
<input type="checkbox"/>	My spouse is the soul provider of income for our family. We have a minimum income.
<input type="checkbox"/>	My spouse is the soul provider of income for our family. We have an average income.
<input type="checkbox"/>	My spouse is the soul provider of income for our family. We have a better than average income.
<input type="checkbox"/>	I live in a dual-earner household with minimum income.
<input type="checkbox"/>	I live in a dual-earner household with an average income
<input type="checkbox"/>	I live in a dual-earner household with a better than average income.
<input type="checkbox"/>	Other: _____

5. Which of the following *best* describes your current work status?

I work: [*Check only one.*] part time (< 32 hours/week) full time (>= 32 hrs/wk)

6. In what type of setting are you employed? [*Check only one.*]

Professional Vocational Service

7. What is the title of your current position? _____

8. In what town or city do you work? _____

9. About how many years have you been employed in your field? [*Check only one.*]

<input type="checkbox"/>	Under 3	<input type="checkbox"/>	11 - 15
<input type="checkbox"/>	3 - 5	<input type="checkbox"/>	16 - 20
<input type="checkbox"/>	5 - 10	<input type="checkbox"/>	>20