

Learning Environment Preferences (LEP) scale

This survey asks you to describe what you believe to be the most significant issues in your IDEAL LEARNING ENVIRONMENT. Your opinions are important to us as we study how students think about teaching and learning issues. We ask that you take this task seriously and give your responses some thought. We appreciate your cooperation in sharing what you find most important in a learning environment.

The survey consists of five sections, each representing a different aspect of learning environments. In each section, you are presented with a list of specific statements about that particular area. Try not to focus on a specific class or classes as you think about these items; focus on their significance in an ideal learning environment for you.

Please rate each item using the scale (1-4) below in terms of its significance or importance to your learning.

INSTRUCTIONS FOR COMPLETING THE GENERAL PURPOSE ANSWER SHEET

(Use a No.2 pencil only)

Demographic Information:

- Please put your name in the appropriate NAME section; entering one letter per box.
- Indicate your birth date in the appropriate section.
- Write your ID number (social security) in the appropriate section under the letters labeled A thru I (J should be left blank).
- In the Special Codes section, enter the CRN number of this course; starting at letter K.

Responses on the LEP scale:

- Please put your answer choices in the response section. Please use the following scale to respond to the items (1-65);

1 = Not at all significant 2 = Somewhat significant
3 = Moderately significant 4 = Very significant.

- Please do not write on the scale, put all answers on the answer sheet. Please do not make any other stray marks on the answer sheets.

Return the LEP scale and your answer sheet to your instructor. Thank you.

Learning Environment Preference Answer Sheet: Student Information

Student Social Security Number: _____ Birth Date: _____

Instructor's Name _____

Name of High School from which you graduated: _____

Date: High School graduation: ____ Have you attended college before USM? Yes No

How many hours per week do you work? _____

Did you take pre-college course in high school? Yes No

Highest level of parent's education:

Mother _____ Father _____

Parent's employment:

Mother _____ Father _____

**Answer the following questions by indicating the frequency with which you engage in these behaviors: 1= never 2= one time per week
3= two times per week 4= more than two times per week**

How often do you read for pleasure? _____

How often do you read books for pleasure? _____

How often do you read magazines for pleasure? _____

How often do you read newspapers for pleasure? _____

Which of the following best characterizes your college writing:

- A) I have a difficult time organizing my thoughts
- B) I have some difficulty organizing my thought, but can put the paper together
- C) I don't have a problem organizing my thoughts

What expectations, if any, do you have (or did have) for your learning in this class?