

ACT Student Feedback Survey

Thank you for taking a few minutes to provide your feedback about the ACT assessment. Your feedback helps us to improve the support, training, and resources we provide to educators and students in Utah.

* Required

1. What is the name of your school? *

2. How prepared did you feel to take the ACT? *

Mark only one oval.

1 2 3 4 5

I did not feel at all prepared I felt completely prepared

3. What did your teacher(s) do to prepare you to take the ACT? *

4. How can teachers help students succeed on the ACT? *

5. How much effort did you put into your ACT assessment? *

Mark only one oval.

1 2 3 4 5

I didn't try I tried my best

6. Why did you or did you not try your best? *

7. How well do you understand the purpose of the ACT? *

Mark only one oval.

	1	2	3	4	5	
I do not know what kind of information I will get from this assessment or why I am taking it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I know what kind of information

8. What do you like about the ACT? *

9. What don't you like about the ACT?

10. How do you plan to use your 11th grade ACT test score information?

Check all that apply.

- Apply for college
- Apply for scholarships
- To see what to work on before I take it again
- I will use it on my resume/job applications to show my level of achievement

Other: _____

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