

MoVaLearns Exit Interview

| | | | |
|-------------------|--|------------------|--|
| First Name | | Last Name | |
|-------------------|--|------------------|--|

The MoVaLearns stipend program is paid to Moreno Valley College students.

1. During the last year, did you graduate?

2. How would you describe your experience with the MoVaLearns program?

3. What impact did the MoVaLearns program have on you? Please explain.

4. How did you spend your money? Please list the top 3 categories you bought (e.g. food, transportation, etc.)

a. _____
b. _____
c. _____

5. How did MoVaLearns impact your ability to reach your educational goals? Please explain.



6. Was \$250 per month enough to make you quit your job and/or stop looking for work? Please explain.

7. How did COVID-19 impact your ability to stay in school?

8. What program changes would you recommend to the MoVaLearns Team? Would you add any other services?

9. What other services would you add to help make the MoVaLearns program successful?

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10. During the last year, did you experience any other life changes? If so, tell us about it.

11. During the program, was there something you needed to buy, but were unable to purchase? Please explain.

- a. Yes
- b. No
- c. N/A

12. Please explain how the MoVaLearns program impacted your grades.

13. Did your work status change during the program? If so, please explain.

- a. Yes
- b. No
- c. N/A

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14. Did your academic goal(s) change during the program? If so, please explain.

- a. Yes
- b. No
- c. N/A

15. Would you recommend this program to your family and friends? Please explain.

- a. Yes
- b. No
- c. N/A

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16. Survey: Please indicate whether you experienced an increase, decrease or stayed the same in the following as a result of the MoVaLearns program.

| Question: | Increased | Decreased | Same | N/A |
|---------------------------------------|-----------|-----------|------|-----|
| a. Test results | | | | |
| b. Confidence levels | | | | |
| c. Anxiety levels | | | | |
| d. Stress levels | | | | |
| e. Class attendance | | | | |
| f. Meals skipped due to lack of money | | | | |
| g. Pressure to drop out | | | | |
| h. Transportation reliability | | | | |
| i. Overall grades | | | | |
| j. Assignment, test grades | | | | |
| k. Participation in school activities | | | | |
| l. Time Management | | | | |
| m. Financial Management | | | | |
| n. Volunteerism | | | | |

17. During the MoVaLearns program, did you do any of the following:

| Question: | Yes | No | N/A |
|--|-----|----|-----|
| a. Did you register for summer school? | | | |
| b. Did you plan to register for fall? | | | |
| c. Did you graduate? | | | |
| d. Did you purchase a computer/software? | | | |
| e. Did you purchase school supplies/books? | | | |

18. Is there anything else you would like the MoVaLearns Team to know?

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