



Student Survey

Welcome to your survey! We need your feedback to help our school be the best it can be. No one at our school will be able to connect your answers back to you, so please answer the questions below as honestly as possible. **Please leave any questions you prefer not to answer or do not understand blank.** Thank you.

Your Feelings

The adults in our school care about your happiness and well-being. We would like to ask you some questions about how you think and feel. By answering these questions, you will have more of a voice in decisions that affect you and your classmates. You do not have to answer any of these questions, but any answers you do give will help us better support you and other students.

1. How often do you feel sad?

- Almost never Once in a while Sometimes Frequently Almost always

2. How often do you feel excited about the future?

- Almost never Once in a while Sometimes Frequently Almost always

3. How often do you feel stressed out?

- Almost never Once in a while Sometimes Frequently Almost always

4. What are you most stressed about?

5. Who do you talk to when you are feeling stressed out? Please select all that apply.

- Family members Friends Teacher School counselor Other adult No one

Your Behavior

Please answer the following questions about how you respond to different situations. During the past 30 days:

6. How carefully did you listen to other people's point of view?

- Not carefully at all Slightly carefully Somewhat carefully Quite carefully Extremely carefully

During the past 30 days:

7. How much did you care about other people's feelings?

- Did not care at all Cared a little bit Cared somewhat Cared quite a bit Cared a tremendous amount

During the past 30 days:

8. How well did you get along with students who are different from you?

- Did not get along at all Got along a little bit Got along somewhat Got along pretty well Got along extremely well



During the past 30 days:

9. How clearly were you able to describe your feelings?

- Not at all clearly Slightly clearly Somewhat clearly Quite clearly Extremely clearly

During the past 30 days:

10. When others disagreed with you, how respectful were you of their views?

- Not at all respectful Slightly respectful Somewhat respectful Quite respectful Extremely respectful

During the past 30 days:

11. To what extent were you able to stand up for yourself without putting others down?

- Not at all A little bit Somewhat Quite a bit A tremendous amount

Support from Adults

Please tell us about how you feel about the adults in your life.

12. How many of your teachers are respectful towards you?

- None of my teachers A few of my teachers About half of my teachers Most of my teachers All of my teachers

13. If you walked into class upset, how many of your teachers would ask how you are doing?

- None of my teachers A few of my teachers About half of my teachers Most of my teachers All of my teachers

14. If you came to school upset, do you know of an adult at school you can talk to?

- Yes No

15. If you were upset, do you know an adult outside of school that you can talk to?

- Yes No

16. How often do you talk with your parents about the things that matter most to you?

- Almost never Once in a while Sometimes Quite often Almost all the time

Your Experiences

In this section, we would like to understand your experiences in school and at home.

17. Have you ever been bullied online, through social media or text?

- Yes No

18. Have you ever been bullied by other students in person?

- Yes No



Please click the blue submit button below to continue to the next section of your survey.

19. If you have been bullied, who did you tell?

20. Did that person help?

Yes

No

I didn't tell anyone

I don't know

Please click the blue submit button below to continue to the next section of your survey.

21. Overall, how safe do you feel at school?

Not at all safe

Slightly safe

Somewhat safe

Quite safe

Extremely safe

22. Overall, how safe do you feel at home?

Not at all safe

Slightly safe

Somewhat safe

Quite safe

Extremely safe

23. Overall, how safe do you feel in your neighborhood?

Not at all safe

Slightly safe

Somewhat safe

Quite safe

Extremely safe

24. How often do you feel that you are treated differently by other students because of your race, ethnicity, or gender?

Almost never

Once in a while

Sometimes

Frequently

Almost always

25. How well do people at your school understand you as a person?

Do not understand at all

Understand a little

Understand somewhat

Understand quite a bit

Completely understand

26. How connected do you feel to others in your school?

Not at all connected

Slightly connected

Somewhat connected

Quite connected

Extremely connected

27. Overall, how much do you feel like you belong at your school?

Do not belong at all

Belong a little bit

Belong somewhat

Belong quite a bit

Completely belong

28. At your school, how fairly do the adults enforce the rules?

Not at all fairly

Slightly fairly

Somewhat fairly

Quite fairly

Extremely fairly

29. In your family, how clear are the rules about what you can and cannot do?

Not at all clear

Slightly clear

Somewhat clear

Quite clear

Extremely clear



30. How often do your parents ask questions about your friends?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

Experiences Outside of School

The following questions ask you about how you feel outside of the school day. When answering these questions, think about how you feel anytime outside of school, including **in the morning, at night, and on the weekends**

31. What activities do you do regularly outside of school? Please select all that apply.

- Sports team at school
 Recreation or Travel sports team (soccer, baseball, gymnastics, etc.)
 Club or activity at school (other than sports) such as drama, hobby club, or enrichment activity
 Club or activity outside of school (drama, dance, etc.)
 Other Afterschool Program (AHC, Aspire, Reach Far, YMCA, etc.)
 Extended Day / Check In
 Tutoring
 Community Service
 Spend time home with a parent or other adult
 Spend time home alone without a parent or other adult

32. How much does your opinion matter to your family?

- Does not matter at all
 Matters a little bit
 Matters somewhat
 Matters quite a bit
 Matters a tremendous amount

33. How often do adults in your community listen to what you have to say? Adults in your community could include adults you see in your neighborhood on weekends or after school that are not your family or teachers.

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

Learning

In this section, we would like for you to think about your overall learning experience at school. Please answer the following questions to help us better understand how you learn in general.

34. When you feel like giving up on a difficult task, how likely is it that you teachers will encourage you to keep trying?

- Not at all likely
 Slightly likely
 Somewhat likely
 Quite likely
 Extremely likely

35. How well do your teachers believe you can do in school?

- Not at all well
 Slightly well
 Somewhat well
 Quite well
 Extremely well

36. How often do your teachers encourage you to do your best?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

37. How often do your teachers take time to make sure you understand the material?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always



38. How often are you challenged by what you learn in class?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

39. During a regular school night, how much time do you usually spend on homework? Please do not count the time you spend on independent reading assigned by your teacher.

- We do not do homework at my school
 Less than 1 hour
 About 1 hour
 About 2 hours
 About 3 hours
 4 hours or more

40. In a regular week, how often does an adult in your home talk to you about what you are doing in school?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

41. How excited are you about going to your classes?

- Not at all excited
 Slightly excited
 Somewhat excited
 Quite excited
 Extremely excited

42. When you are not in school, how often do you talk about ideas from your classes?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

Your Health

In this section, we would like for you to answer some questions about your overall health and well-being.

43. During a regular school week, how often do you eat breakfast?

- Never
 Once a week
 Twice a week
 Three times a week
 Four times a week
 Five times a week

44. In the last week, how often did you eat fresh fruits or vegetables? For example, apples, bananas, carrots, and spinach are all fresh fruits and vegetables.

- Not at all
 Once
 Most days
 Almost every day
 Several times a day

45. In a normal day, how many hours of "screen time" (time in front of computer, laptop, tablet, etc.) do you spend **learning for school**? Please include time you spend in school and outside of school.

- 0 hours
 1 hour
 2-5 hours
 6-8 hours
 9-11 hours
 12-14 hours
 15 or more hours

46. In a normal day, how many hours of "screen time" (time in front of phone, computer, laptop, tablet, TV, etc.) do you spend on **entertainment or fun** (for example, playing games or watching shows)? Please include time you spend in school and outside of school.

- 0 hours
 1 hour
 2-5 hours
 6-8 hours
 9-11 hours
 12-14 hours
 15 or more hours

47. In a normal day, how many hours of "screen time" (time in front of phone, computer, laptop, tablet, TV, etc.) do you spend on **social media** like Snapchat or Instagram? Please include time you spend in school and outside of school.

- 0 hours
 1 hour
 2-5 hours
 6-8 hours
 9-11 hours
 12-14 hours
 15 or more hours



48. How often do you spend time outside (including parks, in your neighborhood, or at school)?

- Once or twice a year Once or twice a month Once or twice a week Most days Almost every day

49. What kinds of grades do you usually get?

- Mostly As Mostly As and Bs Mostly Bs Mostly Bs and Cs Mostly Cs Mostly Cs and Ds Mostly Ds Mostly Ds and Fs Mostly Fs

Please click the blue submit button below to complete your survey.