



## 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?

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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. What can adults do to better support you?

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17. 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

18. This school year, how often have you met one-on-one with in-school support staff like a guidance counselor, social worker, or psychologist?

- 
- Never                      Once or twice                      About once a month                      Once or twice a week                      Most days                      Almost every day



### Your Experiences

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

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

Yes     No

20. 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.

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

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22. 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.

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

Not at all safe                       Slightly safe                       Somewhat safe                       Quite safe                       Extremely safe

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

Not at all safe                       Slightly safe                       Somewhat safe                       Quite safe                       Extremely safe

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

Not at all safe                       Slightly safe                       Somewhat safe                       Quite safe                       Extremely safe

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

Almost never                       Once in a while                       Sometimes                       Frequently                       Almost always

27. 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

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

Not at all connected                       Slightly connected                       Somewhat connected                       Quite connected                       Extremely connected



29. 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

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

Not at all fairly     
  Slightly fairly     
  Somewhat fairly     
  Quite fairly     
  Extremely fairly

31. 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

32. How often do your parents ask questions about your social life?

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.

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutoring	Job / Employment (including babysitting or dog walking)	Community Service	Spend time home with a parent or other adult	Spend time home alone without a parent or other adult	

34. 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

35. How much influence do you have over family decisions that affect you?

No influence at all     
  A little influence     
  Some influence     
  Quite a bit of influence     
  A tremendous amount of influence

36. How much influence do you have over school decisions that affect you?

No influence at all     
  A little influence     
  Some influence     
  Quite a bit of influence     
  A tremendous amount of influence

37. 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.

38. 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

39. Overall, how high are your teachers' expectations of you?

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

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

- Almost never     
  Once in a while     
  Sometimes     
  Frequently     
  Almost always

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

- Almost never     
  Once in a while     
  Sometimes     
  Frequently     
  Almost always

42. How often are you challenged by the materials in class?

- Almost never     
  Once in a while     
  Sometimes     
  Frequently     
  Almost always

43. When you get stuck while learning something new, how likely are you to try a different strategy?

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

44. During a typical school night, how much time do you usually spend on homework?

- 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

45. How well have your teachers helped you learn to manage your time?

- Have not helped at all     
  Have helped a little     
  Have helped some     
  Have helped quite a bit     
  Have helped a tremendous amount

46. In a typical 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

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

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

48. 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.

49. Which of the following topics did you learn about in your health class? Please select all that apply.

Healthy relationships

Dating violence

Mythbusters/What to expect in high school

Refusal skills

Importance of sleep

Appropriate online practices

50. During a typical 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

51. 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

52. In an average 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

53. In an average 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

54. In an average 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

55. 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

56. 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.