



## 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.

### School Experiences

In this first section, we would like to understand your experiences in school.

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

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

2. How many of your teachers take time to make sure you understand the material?

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

3. How challenged are you by what you learn in class?

- Not challenged at all     
  Challenged too little     
  Challenged the right amount     
  Challenged too much     
  Challenged way too much

4. Overall, how would you describe your teachers' expectations of you?

- My teachers' expectations are way too low.     
  My teachers' expectations are too low.     
  My teachers' expectations are just right.     
  My teachers' expectations are too high.     
  My teachers' expectations are way too high.

5. Overall, how would you describe your expectations of yourself?

- My expectations are way too low.     
  My expectations are too low.     
  My expectations are just right.     
  My expectations are too high.     
  My expectations are way too high.

6. 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

7. How excited are you to learn?

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

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

- We do not do homework at my school     
  Less than 1 hour     
  1-3 hours     
  4-6 hours     
  7 or more hours



9. How clearly do you see your culture and history reflected in your school?

Not at all clearly

Slightly clearly

Somewhat clearly

Quite clearly

Extremely clearly

10. How connected do you feel to other students in your school?

Not at all connected

Slightly connected

Somewhat connected

Quite connected

Extremely connected

11. How many of your classroom 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

12. How many of your classmates or other students in your school are respectful towards you?

None of my classmates

A few of my classmates

About half of my classmates

Most of my classmates

All of my classmates

13. How often do you feel that you are treated poorly by other students because of your race, ethnicity, gender, family's income, religion, disability, or sexual orientation?

Never

Almost never

Once in a while

Sometimes

Frequently

Almost always

14. During this past year, were you advised about the school-based consequences for having, using, or distributing illegal substances (cigarettes, electronic cigarettes, marijuana, alcohol, etc.) in school?

Yes

No

15. At your school, how clear are the rules about what you can and cannot do?

Not at all clear

Slightly clear

Somewhat clear

Quite clear

Extremely clear

16. From whom did you get advice about course selection for next year? Please select the top three individuals.

School counselor

Equity and excellence coordinator

Assistant principal

Teachers

Family members

Friends

Other

### Your Feelings and Behaviors

The adults in our school care about your happiness and well-being. We would like to ask you some questions about how you think, feel, and respond to different situations. 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.



During the past 30 days:

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

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

18. How well are you able to manage your time?

- Manage not at all well       Manage a little well       Manage somewhat well       Manage pretty well       Manage extremely well

19. During the past 12 months, how often did you feel so sad or hopeless that you stopped doing some usual activities?

- Almost never       Once in a while       Sometimes       Frequently       Almost always

20. How often do you feel so stressed or overwhelmed that you are not able to participate in regular activities?

- Almost never       Once in a while       Sometimes       Frequently       Almost always

21. During this school year, how often has a student or group of students posted hurtful or threatening things about you on social media or over email?

- Never       Once       A couple of times       Many times       Regularly

If you have never had a student or group of students say hurtful or threatening things about you on social media or over email, please skip to question 25.

22. If this happened more than once, did the same student(s) say hurtful or threatening things each time?

- Yes       No

23. Where did this occur? Please select all that apply.

- Instagram       Facebook       Twitter       Snapchat       Email       Other social media

24. Did you report the incident(s) to school staff (such as a bus driver, teacher, cafeteria worker, school counselor, or principal)?

- Yes       No

25. During this school year, how often has a student or group of students physically hurt you on purpose?

- Never       Once       A couple of times       Many times       Regularly



If you have never had a student or group of students physically hurt you on purpose, please skip to question 29.

26. If this happened more than once, did the same student(s) physically hurt you each time?

Yes No

27. Where did this occur? Please select all that apply.

In the cafeteria In the hallway In a classroom Outdoors on school grounds At your home In your neighborhood Other

28. Did you report the incident(s) to school staff (such as a bus driver, teacher, cafeteria worker, school counselor, or principal)?

Yes No

29. During this school year, how often has a student or group of students called you names or teased you in a way that made you feel uncomfortable, embarrassed, excluded, or hurt?

Never Once A couple of times Many times Regularly

If you have never had a student or group of students call you names or tease you, please skip to question 33.

30. If this happened more than once, did the same student(s) call you names or tease you each time?

Yes No

31. Where did this occur? Please select all that apply.

In the cafeteria In the hallway In a classroom Outdoors on school grounds At your home In your neighborhood Over email

On Facebook On Instagram On Twitter On Snapchat On other social media Other

32. Did you report the incident(s) to school staff (such as a bus driver, teacher, cafeteria worker, school counselor, or principal)?

Yes No

33. During this school year, how often has a student or group of students spread rumors about you or falsely accused you of something?

Never Once A couple of times Many times Regularly



If you have never had a student or group of students spread rumors about you or falsely accuse you of something, please skip to question 37.

34. If this happened more than once, did the same student(s) spread rumors about you or falsely accuse you each time?

- Yes       No

35. Where did this occur? Please select all that apply.

- In the cafeteria       In the hallway       In a classroom       Outdoors on school grounds       At your home       In your neighborhood       Over email
- On Facebook       On Instagram       On Twitter       On Snapchat       On other social media       Other

36. Did you report the incident(s) to school staff (such as a bus driver, teacher, cafeteria worker, school counselor, or principal)?

- Yes       No

### In-School Support

Please tell us about the support you receive in school.

37. During this school year, did your school give you strategies for coping with personal stress, anxiety, or feelings of sadness?

- Yes       No

38. During this school year, did your school give you information about who you can talk to about personal stress, anxiety, or feelings of sadness?

- Yes       No

39. During this school year, did you talk to an adult in school about personal stress, anxiety, or feelings of sadness?

- Yes       No

40. Is there at least one adult in your school who you can talk to about the things that are going well for you?

- Yes       No

41. Is there at least one adult in your school who you can talk to when you need help (such as help with schoolwork or something in your personal life)?

- Yes       No



42. Is there at least one adult in your school who checks in with you about how things are going at school (such as asking if you need help with something or if you feel included)?

 

Yes No

43. Do you know who to talk to if an adult or another student touches you in a way that makes you feel uncomfortable?

 

Yes No

### Out-of-School Support

Please tell us about the support you receive outside of school.

44. Is there at least one adult outside of school (not including adults in your home) who you can talk to about the things that are going well for you?

 

Yes No

45. Is there at least one adult outside of school (not including adults in your home) who you can talk to when you need help (such as help with schoolwork or something in your personal life)?

 

Yes No

46. Is there at least one adult outside of school (not including adults in your home) who checks in with you about how things are going at school (such as asking if you need help with something or if you feel included)?

 

Yes No

47. Is there at least one adult in your home who you can talk to about the things that are going well for you?

 

Yes No

48. Is there at least one adult in your home who you can talk to when you need help (such as help with schoolwork or something in your personal life)?

 

Yes No

49. Is there at least one adult in your home who checks in with you about how things are going at school (such as asking if you need help with something or if you feel included)?

 

Yes No

50. How often does an adult in your home ask questions about your friends?

    

Almost never

Once in a while

Sometimes

Frequently

Almost always



51. How often do you talk to an adult in your home about the things that matter most to you?

- Almost never     
  Once in a while     
  Sometimes     
  Frequently     
  Almost always

52. How much do the adults in your life listen to your thoughts and feelings? Adults in your life could include parents, family members, teachers, coaches, etc.

- Do not listen at all     
  Listen a little bit     
  Listen somewhat     
  Listen quite a bit     
  Listen a tremendous amount

53. How respectful towards you are the adults who lead your after-school activities (such as choral directors, coaches, band leaders, play directors, etc.)?

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

**Out-of-School Experiences**

In this final section, we would like to understand your experiences outside of school.

54. 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

55. Overall, how would you describe your parent or guardian's expectations of you?

- My guardian's expectations are way too low.     
  My guardian's expectations are too low.     
  My guardian's expectations are just right.     
  My guardian's expectations are too high.     
  My guardian's expectations are way too high.

56. 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

57. During a regular week, which of the following academic or community programs do you participate in after-school or on the weekends?

- |  |   |                               |                                    |                        |                            |                       |  |
|--|---|-------------------------------|------------------------------------|------------------------|----------------------------|-----------------------|--|
| <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>              | <input type="radio"/>  | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>                              |
| After-school program at my school (For example Extended Day, Check In) | After-school program outside of school (For example YMCA, Aspire, Phoenix Bikes, Reach Far) | Tutoring session at my school | Tutoring session outside of school | Recreation sports team | Travel/select/ sports team | School sports team    | Individual sport (For example martial arts, dance) |
| <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>              | <input type="radio"/>  | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/>                              |
| Theater program  | Choral/singing program  | Church/synag youth group      | Community service/volunte work     | Brownies/Scou          | Art program                | Other                 | None   |



58. During a regular week, which of the following activities do you participate in after school or on the weekends?

- |   |                       |                          |                       |   |                                |   |   |
|---|-----------------------|--------------------------|-----------------------|---|--------------------------------|---|---|
| <input type="radio"/>                     | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>                                   | <input type="radio"/>          | <input type="radio"/>                       | <input type="radio"/>   |
| Playing with or taking care of a pet      | Reading for fun       | Doing/making art for fun | Cooking               | Listening to music                                      | Playing/perfor music           | Exercising (For example running, gym, yoga) | Being active outside at a park, playground, or yard (For example playing soccer, frisbee) |
| <input type="radio"/>                     | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/>                                   | <input type="radio"/>          | <input type="radio"/>                       | <input type="radio"/>   |
| Talking to friends on the phone or online | Working at a job      | Doing household chores   | Playing video games   | Creating/progi your own video games or other technology | Spending time with your family | Other                                       | None  |

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

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Once or twice a year  | Once or twice a month | Once or twice a week  | Most days             | Almost every day      |

60. During the past week, what were the three activities you spent the most time doing on a screen or electronic device (such as a computer, tablet, Xbox, or Nintendo)?

- |                       |                         |                            |                       |                       |                          |                        |
|-----------------------|-------------------------|----------------------------|-----------------------|-----------------------|--------------------------|------------------------|
| <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>  |
| Completing homework   | Playing games by myself | Playing games with friends | Messaging friends     | Shopping online       | Watching TV or movies    | Watching online videos |
| <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/>  |
| Viewing memes         | Posting pictures        | Using social media         | Reading books         | Reading the news      | Viewing celebrity gossip | Other                  |

61. In your family, are there limits on the amount of time you are allowed to spend on a screen or electronic device?

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yes                   | No                    | Sometimes             | I don't know          |

62. In your family, are there rules about the type(s) of activities you are allowed to do on a screen or electronic device?

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yes                   | No                    | Sometimes             | I don't know          |

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

- |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Never                 | Once a week           | Twice a week          | Three times a week    | Four times a week     | Five times a week     |

64. During a regular week, how much do you worry about not having enough to eat?

- |                       |                       |                       |                       |                           |
|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| Do not worry at all   | Worry a little bit    | Worry somewhat        | Worry quite a bit     | Worry a tremendous amount |





65. What is your student ID number?

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

SAMPLE FORM