



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

7. 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

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

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



9. 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

10. 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

11. 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

12. 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

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.

13. How often do you feel sad?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

14. 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

15. 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 19.

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

- Yes
 No



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

- Instagram Facebook Twitter Snapchat Email Other social media

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

- Yes No

19. 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 23.

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

- Yes No

21. 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

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

- Yes No

23. 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 27.

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

- Yes No

25. 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



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

Yes No

27. 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 31.

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

Yes No

29. 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

30. 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.

31. 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

32. 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

33. 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



34. 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.

35. 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

36. 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

37. 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

38. 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

39. 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

40. 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

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

Almost never Once in a while Sometimes Frequently Almost always

42. 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



43. 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

Out-of-School Experiences

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

44. 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

45. 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

46. 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"/> | <input type="radio"/> |
| After-school care 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) | Theater program |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Choral/singir program | Church/syna youth group | Community service/volur work | Brownies/Sci | Art program | Enrichment at my school | Other | None | |



47. 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 |

48. 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 |

49. 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 |

50. 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 |

51. 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 |

52. 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 |

53. 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 |



54. What is your student ID number?

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

SAMPLE FORM