

2024 Your Voice Matters Survey STUDENT VERSION - Grades 4-5

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.

Topic	Question	Responses
Student Success: High Expectations	1. How many of your teachers take time to make sure you understand the material?	<ul style="list-style-type: none"> • None of my teachers • A few of my teachers • About half of my teachers • Most of my teachers • All of my teachers
Student Success: High Expectations	2. If you feel like giving up on a difficult assignment, how likely is it that your teachers will encourage you to keep trying?	<ul style="list-style-type: none"> • Not at all likely • Slightly likely • Somewhat likely • Quite likely • Extremely likely
Student Success: High Expectations	3. How challenged are you by what you learn in class?	<ul style="list-style-type: none"> • Not challenged at all • Challenged too little • Challenged the right amount • Challenged too much • Challenged way too much
Student Success: High Expectations	4. Overall, how would you describe your teachers' expectations of you?	<ul style="list-style-type: none"> • 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.
Student Success: High Expectations	5. In this school year, how excited are you to learn at school?	<ul style="list-style-type: none"> • Not at all excited • Slightly excited • Somewhat excited • Quite excited • Extremely excited
Student Well-Being: School Climate	6. Do you see your culture and history reflected in your school?	<ul style="list-style-type: none"> • Not at all • Slightly • Somewhat • Quite • Extremely
Student Well-Being: School Climate	7. Overall, how much do you feel like you belong at your school?	<ul style="list-style-type: none"> • Do not belong at all • Belong a little bit • Belong somewhat • Belong quite a bit • Completely belong
Student Well-Being: School Climate	8. How connected do you feel to other students in your school?	<ul style="list-style-type: none"> • Not at all connected • Slightly connected • Somewhat connected • Quite connected • Extremely connected
Student Well-Being: School Climate	9. How connected do you feel to at least one adult at your school?	<ul style="list-style-type: none"> • Not at all connected • Slightly connected • Somewhat connected • Quite connected • Extremely connected
Student Well-Being: School Climate	10. How many of your classroom teachers are respectful towards you?	<ul style="list-style-type: none"> • None of my teachers • A few of my teachers • About half of my teachers • Most of my teachers • All of my teachers

Topic	Question	Responses
Student Well-Being: School Climate	11. How many of your classmates or other students in your school are respectful towards you?	<ul style="list-style-type: none"> • None of my classmates • A few of my classmates • About half of my classmates • Most of my classmates • All of my classmates
Student Well-Being: School Climate	12. At your school, how common is it for students to have close friends from different racial, ethnic, or cultural backgrounds?	<ul style="list-style-type: none"> • Not at all common • Slightly common • Somewhat common • Quite common • Extremely common
Student Well-Being: School Climate	13. How often do teachers encourage you to learn about people from different races, ethnicities, or cultures?	<ul style="list-style-type: none"> • Never • Almost never • Once in a while • Sometimes • Frequently • Almost always
Student Well-Being: School Safety	14. At your school, how clear are the rules about what you can and cannot do?	<ul style="list-style-type: none"> • Not at all clear • Slightly clear • Somewhat clear • Quite clear • Extremely clear
Student Well-Being: School Safety	15. At your school, how fair are the rules about what you can and cannot do?	<ul style="list-style-type: none"> • Not at all fair • Slightly fair • Somewhat fair • Quite fair • Extremely fair

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.

Topic	Question	Responses
Student Well-Being: Social, Emotional, and Mental Health	16. During the last month, how often do you feel sad?	<ul style="list-style-type: none"> • Almost never • Once in a while • Sometimes • Frequently • Almost always
Student Well-Being: Social, Emotional, and Mental Health	17. During the last month, how often do you feel so stressed or overwhelmed that you are not able to participate in regular activities?	<ul style="list-style-type: none"> • Almost never • Once in a while • Sometimes • Frequently • Almost always
Student Well-Being: School Safety	18. During this school year, how often has a student or group of students posted hurtful about you online including on social media, while gaming, or using Google Docs/Slides?	<ul style="list-style-type: none"> • 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 online including on social media, while gaming, or using other technology like Google Docs or Slides, please skip to question 24.

Topic	Question	Responses
Student Well-Being: School Safety	19. If this happened more than once, did the same student(s) say hurtful or threatening things each time?	<ul style="list-style-type: none"> • Yes • No • I don't know
Student Well-Being: School Safety	20. Where did this occur? Please select all that apply.	<ul style="list-style-type: none"> • Instagram • WhatsApp • Snapchat • TikTok • Text messaging • Other social media • Other technology (email, Google Docs/Slides)
Student Well-Being: School Safety	21. Did you report the incident(s) to school staff (such as a bus driver, teacher, cafeteria worker, school counselor, or principal)?	<ul style="list-style-type: none"> • Yes • No
Student Well-Being: School Safety	22. During this school year, how often has a student or group of students physically hurt you on purpose?	<ul style="list-style-type: none"> • Never • Once • A couple of times • Many times • Regularly
Student Well-Being: School Safety	23. If you reported the incident(s), do you feel the school addressed the problem?	<ul style="list-style-type: none"> • Yes • No • I don't know how to report an incident.

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

Topic	Question	Responses
Student Well-Being: School Safety	24. If this happened more than once, did the same student(s) physically hurt you each time?	<ul style="list-style-type: none"> • Yes • No
Student Well-Being: School Safety	25. Where did this occur? Please select all that apply.	<ul style="list-style-type: none"> • In the cafeteria • In the hallway • In a classroom • On the school bus • Outdoors on school grounds • Afterschool activities (school related) • At your home • In your neighborhood • Other
Student Well-Being: School Safety	26. Did you report the incident(s) to school staff (such as a bus driver, teacher, cafeteria worker, school counselor, or principal)?	<ul style="list-style-type: none"> • Yes • No
Student Well-Being: School Safety	27. 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?	<ul style="list-style-type: none"> • Never • Once • A couple of times • Many times • Regularly
Student Well-Being: School Safety	28. If you reported the incident(s), do you feel the school addressed the problem?	<ul style="list-style-type: none"> • Yes • No • I don't know how to report an incident.

If you have never had a student or group of students call you names or tease you, please skip to question 34.

Topic	Question	Responses
Student Well-Being: School Safety	29. If this happened more than once, did the same student(s) call you names or tease you each time?	<ul style="list-style-type: none"> • Yes • No • I don't know
Student Well-Being: School Safety	30. Where did this occur? Please select all that apply.	<ul style="list-style-type: none"> • In the cafeteria • In the hallway • In a classroom • On the school bus • Outdoors on school grounds • Afterschool activities (school related) • At your home • In your neighborhood • Over text messaging • On Instagram • On Snapchat • On TikTok • On WhatsApp • On other social media • Over other technology (email, Google Docs/Slides) • Other
Student Well-Being: School Safety	31. Did you reported the incident(s) to school staff (such as a bus driver, teacher, cafeteria worker, school counselor, or principal)?	<ul style="list-style-type: none"> • Yes • No

Topic	Question	Responses
Student Well-Being: School Safety	32. During this school year, how often has a student or group of students spread rumors about you or falsely accused you of something?	<ul style="list-style-type: none"> • Never • Once • A couple of times • Many times • Regularly
Student Well-Being: School Safety	33. If you reported the incident(s), do you feel the school addressed the problem?	<ul style="list-style-type: none"> • Yes • No • I don't know how to report an incident.

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 38.

Topic	Question	Responses
Student Well-Being: School Safety	34. If this happened more than once, did the same student(s) spread rumors about you or falsely accuse you each time?	<ul style="list-style-type: none"> • Yes • No • I don't know
Student Well-Being: School Safety	35. Where did this occur? Please select all that apply.	<ul style="list-style-type: none"> • In the cafeteria • In the hallway • In a classroom • On the school bus • Outdoors on school grounds • Afterschool activities (school related) • At your home • In your neighborhood • Over text messaging • On Instagram • On Twitter • On Snapchat • On WhatsApp • On other social media • Other
Student Well-Being: School Safety	36. Did you report the incident(s) to school staff (such as a bus driver, teacher, cafeteria worker, school counselor, or principal)?	<ul style="list-style-type: none"> • Yes • No
Student Well-Being: School Safety	37. If you reported the incident(s), do you feel the school addressed the problem?	<ul style="list-style-type: none"> • Yes • No • I don't know how to report an incident.

In-School Support: Please tell us about the support you receive in school.

Topic	Question	Responses
Student Well-Being: Social, Emotional, and Mental Health	38. During this school year, did you talk to an adult in school if you had feelings of personal stress, anxiety, or sadness?	<ul style="list-style-type: none"> • Yes • No • I did not feel the need
Student Well-Being: Trusted Adult - School	39. Is there at least one adult in your school who you can talk to about the things that are going well for you?	<ul style="list-style-type: none"> • Yes • No
Student Well-Being: Trusted Adult - School	40. Is there at least one adult in your school who you can talk to when you need help?	<ul style="list-style-type: none"> • Yes • No
Student Well-Being: School Safety	41. Do you know who to talk to at school if an adult or another student speaks or touches you in a way that makes you feel uncomfortable?	<ul style="list-style-type: none"> • Yes • No

Out-of-School Support: Please tell us about the support you receive outside of school.

Topic	Question	Responses
Partnerships: Trusted Adult - Home and Community	42. 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?	<ul style="list-style-type: none"> • Yes • No
Partnerships: Trusted Adult - Home and Community	43. 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 something in your personal life or help with schoolwork)?	<ul style="list-style-type: none"> • Yes • No
Partnerships: Trusted Adult - Home and Community	44. Is there at least one adult in your home who you can talk to about the things that are going well for you?	<ul style="list-style-type: none"> • Yes • No
Partnerships: Trusted Adult - Home and Community	45. How often does an adult in your home ask questions about your friends?	<ul style="list-style-type: none"> • Almost never • Once in a while • Sometimes • Frequently • Almost always
Partnerships: Trusted Adult - Home and Community	46. How often do you talk to an adult in your home about the things that matter most to you?	<ul style="list-style-type: none"> • Almost never • Once in a while • Sometimes • Frequently • Almost always
Partnerships: Trusted Adult - Home and Community	47. 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.	<ul style="list-style-type: none"> • 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.

Topic	Question	Responses
Partnerships: Home and Community	48. How much does your opinion matter to your family?	<ul style="list-style-type: none"> • Does not matter at all • Matters a little bit • Matters somewhat • Matters quite a bit • Matters a tremendous amount
Partnerships: Home and Community	49. During a regular week, which of the following academic or community programs do you participate in after-school or on the weekends?	<ul style="list-style-type: none"> • 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/AAU/developmental sports team • School sports team • Individual sport (For example martial arts, dance) • Theater program • Choral/singing program • Church/synagogue/mosque youth group • Community service/volunteer work • Scouts • Art program • Enrichment at my school • Other • None
Partnerships: Home and Community	50. During a regular week, which of the following activities do you participate in after school or on the weekends?	<ul style="list-style-type: none"> • Playing with or taking care of a pet • Reading for fun • Doing/making art for fun • Cooking • Listening to music • Playing/performing music • Exercising (For example running, gym, yoga) • Being active outside at a park, playground, or yard (For example playing soccer, frisbee) • Talking to friends on the phone or online • Working at a job • Doing household chores • Playing video games • Creating/programming your own video games or other technology • Spending time with your family • Other • None
Partnerships: Home and Community	51. How often do you spend time outside (including parks or in your neighborhood)?	<ul style="list-style-type: none"> • Once or twice a year • Once or twice a month • Once or twice a week • Most days • Almost every day
Partnerships: Home and Community	52. 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, phone, tablet, Xbox, or Nintendo)?	<ul style="list-style-type: none"> • Completing homework • Playing games by myself • Playing games with friends • Messaging friends • Shopping online • Watching/Streaming TV or movies • Watching online videos • Posting pictures • Using social media • Reading books • Reading the news • Reading celebrity gossip • Other

Topic	Question	Responses
Partnerships: Home and Community	53. In your family, are there limits on the amount of time you are allowed to spend on a screen or electronic device?	<ul style="list-style-type: none"> • Yes • No • Sometimes • I don't know
Partnerships: Home and Community	54. In your family, are there rules about the type(s) of activities you are allowed to do on a screen or electronic device?	<ul style="list-style-type: none"> • Yes • No • Sometimes • I don't know
Partnerships: Home and Community	55. During a regular school week, how often do you eat breakfast?	<ul style="list-style-type: none"> • Never • Once a week • Twice a week • Three times a week • Four times a week • Five times a week
Partnerships: Home and Community	56. During a regular week, how much do you worry about not having enough to eat?	<ul style="list-style-type: none"> • Do not worry at all • Worry a little bit • Worry somewhat • Worry quite a bit • Worry a tremendous amount