

## Elementary School Student Survey

This survey will tell us how you feel about your school. Your answers will help us learn what makes school a good place to be, and how we can make it better. No one will be able to see how you answered. In your answers, please do NOT include your name or any other information that identifies you or anyone else. Please be honest and tell us what you really think. This survey is VOLUNTARY. This means that you do not have to take this survey, you do not have to answer any question that makes you feel uncomfortable. You may stop taking the survey at any time. Thank you for your help. If you have any questions or need anything during the survey, you may ask your teacher for help. Please start with the survey now by clicking on the Continue button below.

Please tell us what grade you are in.

1. 3rd grade
2. 4th grade
3. 5th grade
4. 6th grade
5. 7th grade
6. 8th grade

Please tell us your race. You may choose a minimum of one or as many as apply.

1. African American
2. Asian/Pacific Islander
3. Hispanic
4. Native American/Alaska Native
5. White
6. Other
7. Prefer not to answer.

Please indicate your gender.

1. Female
2. Male
3. Prefer not to answer.

These questions ask about your school and the things that you like about it, and the things you don't like. There are no right or wrong answers. Please read each statement below and tell us how true each statement is for you. Your answers are very important. Thank you for your help.

Please mark how true these statements are about STUDENTS at your school.

Most students at my school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
1...care about each other.	<input type="checkbox"/>				
2...get along with students who are different from them.	<input type="checkbox"/>				
3...try to help each other.	<input type="checkbox"/>				
4...are nice to each other.	<input type="checkbox"/>				

Please mark how true these statements are about TEACHERS at your school.

I have at least one teacher at my school who...

	Yes, very true	Yes, sort of true	I'm not sure	No, not really true	No, not at all true
5...cares about me.	<input type="checkbox"/>				
6...thinks I can do well in school.	<input type="checkbox"/>				
7...would help me if I was feeling sad or angry.	<input type="checkbox"/>				
8...I can go to if I feel unsafe.	<input type="checkbox"/>				

Please mark how true these statements are about the PRINCIPAL or ASSISTANT PRINCIPAL at your school.

There is a Principal or Assistant Principal at my school who...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
9...students will go to if they have a problem.	<input type="checkbox"/>				
10...cares about students.	<input type="checkbox"/>				
11...gets to know the students at my school well.	<input type="checkbox"/>				
12...listens to students.	<input type="checkbox"/>				

Please mark how true these statements are about your PARENT(s) or GUARDIAN(s).

My parents or the adults who I live with at home...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
13...talk to me about my school day.	<input type="checkbox"/>				
14...help me with my schoolwork.	<input type="checkbox"/>				
15...spend time at my school or in my classroom.	<input type="checkbox"/>				
16...talk with my teachers often.	<input type="checkbox"/>				

Please mark how true these statements are for YOU.

I feel like...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
17...I am safe at my school.	<input type="checkbox"/>				
18...this is a good school for me.	<input type="checkbox"/>				
19...I like to go to school most days.	<input type="checkbox"/>				
20...this school is a good place to learn.	<input type="checkbox"/>				

We would like to know about bullying at your school. Bullying is when someone does something mean to you on purpose more than once to hurt you or to hurt your feelings. These questions below are examples of bullying. We would like to know how many times these things happened to you this school year.

This school year, how many times has someone from your school...

	Almost Everyday	Once or Twice a Week	Once or Twice a Month	Once or Twice this School Year	Never
21...made fun of you or called you names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22...said mean things about you to other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23...said they wanted to hurt you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24...pushed you, shoved you, tripped you, or spit on you on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25...tried to make you do things you didn't want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26...told you that you couldn't play with them or be part of a group.	<input type="checkbox"/>				
27...damaged something that belongs to you on purpose.	<input type="checkbox"/>				
28...bullied you in any way.	<input type="checkbox"/>				

Please mark how true these statements are for YOU.

I think that...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really	No, Not at all True
29...I would tell a teacher or other adult if another student was bullying me.	<input type="checkbox"/>				
30...my teachers would do something to help if I told them I was being bullied.	<input type="checkbox"/>				

Please mark how true these statements are about STUDENTS at your school.

Students at my school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
31...fight a lot.	<input type="checkbox"/>				
32...take things that don't belong to them.	<input type="checkbox"/>				
33...damage things that don't belong to them.	<input type="checkbox"/>				
34...say they are going to hurt other students.	<input type="checkbox"/>				
35...do things that hurt other students.	<input type="checkbox"/>				

Please mark how true these statements are about ADULTS at your school.

I think that the adults at this school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
36...let everyone know what the rules are ahead of time.	<input type="checkbox"/>				
37...let students help make the rules.	<input type="checkbox"/>				
38...make rules that are fair.	<input type="checkbox"/>				
39...treat everybody fairly if they break a rule.	<input type="checkbox"/>				
40...tell you why you are in trouble.	<input type="checkbox"/>				

41...give you a chance to explain your side of the story.	<input type="checkbox"/>				
42...help you learn from your mistakes.	<input type="checkbox"/>				

Please mark how true these statements are about TEACHERS at your school.

I think that the teachers at this school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
43...know when I have trouble learning something.	<input type="checkbox"/>				
44...try to help everyone do their best.	<input type="checkbox"/>				
45...tell me when I do a good job.	<input type="checkbox"/>				
46...give me a chance to fix mistakes on my school work.	<input type="checkbox"/>				
47...make learning fun.	<input type="checkbox"/>				

Please mark how true these statements are about your SCHOOL.

I think that the place where I go to school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
48...is clean.	<input type="checkbox"/>				
49...is comfortable.	<input type="checkbox"/>				
50...looks nice on the outside.	<input type="checkbox"/>				

51. Please tell us if there is anything else about your school that you would like to share with us.

