Student Survey

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NOTE: EACH SCHOOL WOULD CHOOSE ONLY 3-5 OF THE FOLLOWING QUESTIONS FOR STUDENTS, DEPENDENT ON THE FOCUS OF THEIR INDIVIDUAL SCHOOL IMPROVEMENT PLAN, AND THE GRADE LEVELS OF STUDENTS.

Student Achievement

1. On a scale of 1-5, with 5 being "Very Good" and 1 being "Very Poor," please rate the quality of instruction your school provides in each of the following subject areas.

	Very Poor	Poor	Neither Poor nor Good	Good	Very Good
	1	2	3	4	5
Reading	0	0	0	0	0
Writing	0	0	0	0	0
Mathematics	0	0	0	0	0
Science	0	0	0	0	0
Social Studies	0	0	0	0	0

2. When I need help with my school work, someone at my school is available to help me. *(Please mark one).*

- O Strongly agree
- O Agree
- O Undecided
- O Disagree
- O Strongly disagree
- 3. This school is preparing me well for the next grade. (Please mark one).
 - O Strongly agree
 - O Agree
 - O Undecided
 - O Disagree
 - O Strongly disagree

4. [FOR HIGH SCHOOL STUDENTS ONLY] This school is preparing me well for what I want to do after high school. *(Please mark one).*

- O Strongly agree
- O Agree
- O Undecided
- O Disagree
- O Strongly disagree

5. [FOR HIGH SCHOOL STUDENTS ONLY] This school is preparing me well for the world of work. *(Please mark one).*

- O Strongly agree
- O Agree
- O Undecided
- O Disagree
- O Strongly disagree

Safe Environment

6. My school maintains good discipline. (Please mark one).

- O Strongly agree
- O Agree
- O Undecided
- O Disagree
- O Strongly disagree
- 7. How safe do you feel at school? (Please mark one)
 - O Very safe [Skip to Question 12]
 - O Safe [Skip to Question 12]
 - O Undecided [Skip to Question 12]
 - O Unsafe
 - O Very Unsafe

8. [FOLLOWUP QUESTION ONLY FOR THOSE WHO ANSWERED "UNSAFE" TO PRIOR QUESTION] How often do you feel <u>unsafe</u> when you are at school? *(Please mark one).*

- O Never
- O Rarely
- O Some days
- O Most days
- O Every day

	Very	Unsafe	Neither safe	Safe	Very Safe	Does
	unsafe		nor Unsafe			Not
	1	2	3	4	5	Apply
a. School Hallways	0	0	0	0	0	
b. Classrooms	0	0	0	0	0	
c. School Lunchroom	0	0	0	0	0	
d. School Playground	0	0	0	0	0	
e. School Parking Lot	0	0	0	0	0	
f. School Restrooms	0	0	0	0	0	
g. School Buses	0	0	0	0	0	0
h. Walking to and from school	0	0	0	0	0	0
i. Other (please specify):	0	0	0	0	0	

9. On a scale of 1-5, with 5 being very safe and 1 being unsafe, how safe do you feel in the following locations in your school?

10. My school deals appropriately with students who bully other students. *(Please mark one).*

- O Strongly agree
- O Agree
- O Undecided
- O Disagree
- O Strongly disagree

11. What can teachers and administrators do to help stop bullying? (*Check all that apply*).

Supervise the playground and halls better Establish rules against bullying Enforce rules against bullying Teach kids how to get along better Other _____

- 12. Discipline problems are handled <u>quickly</u> at my school. (*Please mark one*).
 - O Strongly agree
 - O Agree
 - O Undecided
 - O Disagree
 - O Strongly disagree
- 13. Discipline problems are handled <u>fairly</u> at my school. (*Please mark one*).
 - O Strongly agree
 - O Agree
 - O Undecided
 - O Disagree
 - O Strongly disagree

School Partnerships

14. Does your school openly invite parent(s)/guardian(s) to take part in school related events? (Examples might include parent nights, sports, or field trips.) (*Please mark one*).

- O Yes
- O No
- O No answer

15. How often do your teachers communicate with your parent(s)/guardian(s) (by phone, email, classroom newsletter, etc.)? *(Please mark one)*.

- O At least once a week
- O At least once a month
- O Once or twice a year
- O No answer