

OMB #:
Expiration Date:

Evaluation of the DC Opportunity Scholarship Program

Elementary School (Grades 4-5) Student Questionnaire

Spring 2013

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All information from this study will be kept confidential as required by the Education Sciences Reform Act of 2002 (Title I, Part E, Section 183). To ensure privacy, no personally identifiable information will be disclosed as part of the evaluation. All of the information that is collected will be stored separately from school records in a secure location. Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific school or individual. We will not provide information that identifies you or your school to anyone outside the study team, except as required by law.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ, Room 2E117, Washington, DC 20210-4537 or send electronically through the Federal eRulemaking Portal at <http://www.regulations.gov> by selecting the Docket ID number.

Please answer all the questions.

Part 1: About You

This first section asks questions about you.

Q1. Are you a
(✓ Check one)

- Boy or ¹
Girl?..... ²

Q2. How often do you read books that are not assigned by your teacher?
(✓ Check one)

- Every day..... ¹
Most days..... ²
Some days..... ³
Never..... ⁴

Q3. How far do you expect to go in school?
(✓ Check one)

- Less than high school completion..... ¹
Complete a high school diploma, GED or alternative high school credential..... ²
Complete a certificate or diploma from a school that provides occupational training . . ³
Complete an Associate's degree..... ⁴
Complete a Bachelor's degree..... ⁵
Complete a Master's degree..... ⁶
Complete a Ph.D., M.D., law degree, or other high level professional degree..... ⁷

Q4. During this year, have you done any of the following?
(✓ Check yes or no on each row)

| | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a. Participated in groups or activities at your church (like choir or youth group)..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| b. Participated in a team or club (like little league or girl scouts/boy scouts) <u>in your community</u> | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| c. Participated in a team or club (like sports, music, or dance) <u>at your school</u> | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| d. Participated in a community service activity or volunteer work at your school or in your community..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| e. Gone to religious services..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |

Q5. On a regular school day, how long are you at home after school with no adult there?
 (✓ Check one)

- None..... ⁰
- Less than 1 hour..... ¹
- 1-2 hours..... ²
- 2-3 hours..... ³
- More than 3 hours..... ⁴

Q6. Do any of the following encourage you to work harder in school?
 (□ Check one box on each row)

| | A Lot | A Fair Amount | A Little Bit | Not At All |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Pressure from my parents..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| b. Pleasing my parents by getting good grades..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| c. Teacher expectations..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| d. Pleasing my teacher..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| e. Encouragement from my teachers..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| f. Learning the material..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| g. Interest in the subject..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| h. Keeping up with my friends..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| i. Getting a better job..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| j. Getting into college..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| k. Pressure from my friends..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| l. Not embarrassing my family..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |

Part 2: About Your School and Classes

This section asks questions about your school and classes, support from teachers and other adults in the school and other students' attitudes.

Q7. Do you agree or disagree with these statements about your school?
(✓ Check one box on each row)

| | Agree strongly | Agree | Disagree | Disagree strongly |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Students are proud to go to this school..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| b. Students at this school have a lot of opportunities to learn..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| c. Rules of behavior are strict..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| d. People at my school are supportive of each other..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| e. I feel lonely at my school..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| f. I enjoy going to school..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| g. There is respect, among students and teachers, for other religions and cultures, at my school..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| h. Students are taught to be kind and responsible for their actions..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |

Q8. Overall, how safe do you feel your school is?

- Very safe..... ¹
 Somewhat safe..... ²
 Not safe..... ³

Q9. Did the following ever happen to you at school this year?
(✓ Check one box on each row)

| | Never | Once or twice | 3 times or more |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Had something stolen from your desk, locker, or other place..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |
| b. Been forced by other kids to give them money or my stuff..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |
| c. Been offered drugs..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |
| d. Been physically hurt by another student..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |
| e. Been threatened with physical harm..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |
| f. Seen anyone with a real or toy gun or knife at school..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |
| g. Been bullied at school..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |
| h. Been called a bad name..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ |

Q10. Do you agree or disagree with these statements about the teachers and other adults at your school?
 (✓ Check one box on each row)

| | Agree strongly | Agree | Disagree | Disagree strongly |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| At my school, there is a teacher or some other adult who... | | | | |
| a. listens to me when I have something to say..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. really cares about me..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. believes I will be a success..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. always wants me to do my best..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. tells me when I do a good job..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. notices when I'm not there..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| g. talks to me about problems I have at home or with my friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| h. motivates me to work hard..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Q11. During the current school year (2012-2013), have teachers and other school staff provided you with support? If they did, was it helpful?
 (✓ Check two boxes on each row)

| | Yes | No | Very Helpful | Somewhat Helpful | Not Helpful |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Extra help before or after school in academic subjects?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Academic instruction on weekends?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Q12. Do you agree or disagree with these statements about the students at your school?
 (✓ Check one box on each row)

| | Agree strongly | Agree | Disagree | Disagree strongly |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| At my school, students... | | | | |
| a. behave well with the teachers..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. neglect their homework..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. often make fun of each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. often disrupt class..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. who misbehave often get away with it..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Q13. What overall grade would you give your school?
 (✓ Check one)

- A-Excellent..... ¹
- B-Good..... ²
- C-Fair..... ³
- D-Unsatisfactory..... ⁴
- F-Failing..... ⁵

Q14. During this year, have you taken classes in?
 (✓ Check yes or no on each row)

| | Yes | No |
|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Art, music, or dance lessons..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| a. Foreign language classes..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| b. Religion..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| c. Sports exercise or gymnastics..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |

Q15. How much do you agree or disagree with the following statements about your teacher?
 Remember, your teacher and your principal will not see any of the answers you provide. Your teacher...
 (✓ Check one box on each row)

| | Agree strongly | Agree | Disagree | Disagree strongly |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Values and listens to students' ideas..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| b. Treats students with respect..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| c. Treats every student fairly..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| d. Thinks every student can be successful..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| e. Thinks mistakes are okay as long as all students learn..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| f. Treats some kids better than other kids..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| g. Makes learning interesting..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| h. Treats males and females differently..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| i. Makes things easy to understand..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| j. Goes through the materials too quickly..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| k. Only pays attention to the smart students..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| l. Only pays attention to students who are struggling..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| m. Helps students if they ask a question..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |

Q16. To what extent do you understand what is being taught in class?

- None of the time..... 1
- Less than half the time..... 2
- About half the time..... 3
- More than half the time..... 4
- All the time..... 4

Q17. How many students are in your class? _____
(your best guess is fine)

Q18. On average, how many minutes do you spend doing homework per day?
(✓ Check one)

- 0 minutes..... 0
- 1 to 10 minutes 1
- 11 to 20 minutes 2
- 21 to 30 minutes..... 3
- 31 to 60 minutes..... 4
- More than 60 minutes..... 5

Part 3: About Your Friends

This section asks questions about your friends.

Q19. How many of your close friends do your parents know by name?
(✓ Check one)

- All of them ¹
 Most of them..... ²
 Some of them..... ³
 None of them..... ⁴

Q20. Think about your close friends. How many of them do the following?
(☐ Check one box on each row)

| | All of them | Some of them | A few of them | None |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Use bad language regularly..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| b. Smoke cigarettes regularly..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| c. Drink beer or alcohol regularly..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| d. Use illegal drugs regularly..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| e. Talk about college and careers..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| f. Talk about classes in school and what they are learning..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| g. Talk about what could be done to improve the neighborhoods and the city..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |

Q21. How important do your school friends think it is to:
(✓ Check one box on each row)

| | Very important | Somewhat important | Not too important | Not at all important |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Study hard to get good grades..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| b. Talk/hang out with friends..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| c. Participate in class..... | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |

Q22. Which group of friends do you listen to the most when you think about school?
(✓ Check one box)

- Friends from your neighborhood..... ¹
 Friends from school..... ²
 My neighborhood friends are the same as my school friends..... ³

Thank you, please hand in your survey.