

OMB #:
Expiration Date:

Evaluation of the DC Opportunity Scholarship Program

High School (Grades 9-12) 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. What is your gender
(✓ Check one)

- Male or ¹
- Female?..... 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. How far in school do you want to go?
(✓ 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

Q5. 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

Q6. 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

Q7. 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

Q8. Who has had the most influence on your thinking about careers, if anyone?
 (✓ Check one)

- A high school counselor..... ⁰¹
- A teacher..... ⁰²
- Your parents..... ⁰³
- Another family member..... ⁰⁴
- Your friends..... ⁰⁵
- Your employer..... ⁰⁶
- A military recruiter..... ⁰⁷
- A coach or scout..... ⁰⁸
- Yourself..... ⁰⁹
- No one in particular..... ¹⁰

Q9. Have you ever done any of the following activities [to prepare for life after high school]?
 (✓ Check one box on each row)

	Yes	No
a. Attended a career day or job fair?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
b. Attended a program at, or taken a tour of a college campus?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
c. Sat in on or taken a college class?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
d. Participated in an internship* or apprenticeship related to your career goals?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
e. Worked or volunteered in a job related to your career goals?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
f. Searched the Internet for college options or read college guides?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²
g. Talked about your options for life after high school with a counselor hired by your family?.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²

* An internship is a work-related learning experience for individuals who wish to develop hands on work experience in a certain occupational field. Apprenticeship programs provide formal training in specific occupations; the apprentice/participant learns a trade through on-the-job training and other related instruction, often under the supervision of a journey-level craft person or trade professional.

Q10. Have you ever taken any of the following tests?
 (□ Check one box on each row)

	Never	Once	Twice	Three or more times	Don't know what this is
a. Preliminary SAT (PSAT)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
b. SAT	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
c. PLAN.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
d. ACT.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
e. Any Advanced Placement (AP) test.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
f. Any International Baccalaureate (IB) test.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

Q11. Do you agree or disagree with the following statements:
 (✓ Check one box on each row)

	Agree strongly	Agree	Disagree	Disagree strongly
a. Even if you study, you will not be able to get into college.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Even if you study, your family cannot afford to pay for you to attend college.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Working is more important for you than attending college.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Studying in school rarely pays off later with good jobs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
.....	<input type="checkbox"/> 1			
.....	<input type="checkbox"/> 2			
.....	<input type="checkbox"/> 3			
.....	<input type="checkbox"/> 4			

Part 2: About Your School

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

Q12. 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

Q13. Overall, how safe do you feel your school is?

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

Q14. 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

Q15. 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

Q16. During the current school year (2012-2013), have teachers and other school staff provided you with support? Did it help you stay in school or prepare for life after school?
 (✓ Check two boxes on each row)

	Yes	No	Very Helpful	Somewhat Helpful	Not Helpful	Not Applicable (N/A)
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	<input type="checkbox"/> 4
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	<input type="checkbox"/> 4
c. Help completing college applications?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Guidance about which courses to take?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Help reviewing college entrance test results and suggesting re-testing if necessary?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Help arranging or taking you on visits to colleges or college fairs?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Help identifying possible career options?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Talked with a high school counselor about your options for life after high school?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q17. 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

Q18. 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

Part 3: About Your Math and English Classes

This next section asks questions about the classes you are taking at school.

Q19. 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

Q20. How much do you agree or disagree with the following statements about your English and Math teachers? Remember, none of your teachers or your principal will see any of the answers you provide. Your English/Math 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 this class 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 this class 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

Q21. To what extent do you understand what is being taught in your English or Math class?

	English	Math
None of the time.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹
Less than half the time.....	<input type="checkbox"/> ²	<input type="checkbox"/> ²
About half the time.....	<input type="checkbox"/> ³	<input type="checkbox"/> ³
More than half the time.....	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴
All the time.....	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴

Q22.

	English	Math
How many students are in your class? (your best guess is fine)	<input type="text"/>	<input type="text"/>

Q23. On average, how many hours do you spend doing math or English homework per week?
(✓ Check one)

	Math	English
Zero to 5 hours.....	<input type="checkbox"/> ⁰	<input type="checkbox"/> ⁰
5 to 10 hours	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹
More than 10 hours	<input type="checkbox"/> ²	<input type="checkbox"/> ²

Part 4: About Your Friends

This section asks questions about your friends.

Q24. 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

Q25. 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

Q26. 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
d. Go to college.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Go to one of the best colleges.....	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q27. How many of your close friends...
 (✓ Check one box on each row)

	None of them	Less than half	About half	More than half	All of them
a. Get good grades?.....	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Have ever dropped out of high school?.....	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Have taken the PSAT, SAT, PLAN or ACT?.....	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Plan to attend a school that provides occupational training (usually less than 2 years)?.....	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Plan to attend a 2-year community college?.....	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Plan to attend a 4-year college?.....	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. Plan to have a full-time job instead of continuing their education?.....	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. Plan to join the military?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
i. Plan to attend a trade or vocational (VoTech) school?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q28. Which group of friends has the biggest influence on how 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.