

## Informed Consent

Purpose of the survey: Broward County Public Schools is participating in a project funded by the Centers for Disease Control and Prevention's (CDC), Division of Adolescent and School Health (DASH) related to sexual health and social services, referrals, and school climate and safety. This project focuses on meeting the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and, in particular, males who identify as gay or bisexual, or engage in sexual activities with other males. ICF International, a research and evaluation firm, is helping the district to better understand the impact of the project activities. As a staff member of one of the high schools in which this project is being implemented, you are being asked to help us learn about your school district. A total of 735 school staff across 3 funded school districts are being asked to participate in this survey. The survey contains questions about LGBTQ students' experiences at school, bullying, referral practices, partnerships with community organizations, professional development, and school policies.

What you will do: You will use a computer to fill out a Web-based survey. The question will indicate whether to select only one or more than one answer. You will not be asked to provide your personal information, and your survey responses will not be linked with your personal information.

Time needed: The survey should take about 20-25 minutes to complete.

Possible risks: Answering some of the sensitive questions may make you upset or uncomfortable. The survey is voluntary and you may choose to discontinue at any time for any reason. You will not be asked to enter your name on the survey, and you will not be asked for any personal information like your address. Your responses will not be attributed to you so no one will know what you said. School-level data will be presented in aggregate, not at the individual level.

Benefits: Answering these questions will give you the chance to share information about your work, student experiences at school, providing referrals to students, the climate in your school, policies and practices, and professional development you may have had. By sharing your experiences, you will contribute to the improvement of the services for youth, particularly LGBTQ students, at your school.

Deciding not to take the survey: Taking this survey is completely voluntary. You can choose to take it or not to take it. If you choose to take the survey, you can stop the survey at any time.

If you decide not to take the survey, or decide to stop answering the questions at any point during the survey, it will not be held against you in any way. Other staff and administrators at your school will have no knowledge of your decision to participate or not participate.

Contacting the evaluator: You may call Catherine Lesesne from ICF International at (404) 592-2230 if you have questions about this survey and evaluation. If you have questions about your rights related to this study, you can call the ICF International Institutional Review Board at (877) 556-2218.

**Clicking "yes" below means that you agree to take the survey. If you wish to stop at any time, click the "exit" button at the bottom of the screen; you will see a box asking you if you want to save your answers or erase them. Thank you.**

- Yes - I have read the informed consent statement and agree to participate in the survey
- No - I do not agree to participate in the survey

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About You

Please tell us about yourself.

School Name

Form Approved  
OMB No. 0920-1048  
Exp. Date xx/xx/20xx

Role:

- Administrator
- Teacher
- Nurse
- Counselor/Psychologist
- Social Worker
- Other (please specify)

How long have you been working in your current role?

- 1 year or less
- 2-5 years
- 6-10 years
- 11 or more years

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1048).

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Student Experiences at School

For the following set of questions, please select the answer that best describes your impression of student experiences at your school.

**In general, do you think that students feel safe at your school?**

- Yes
- No
- I Don't Know

**Do you think students feel unsafe at your school because of their perceived sexual orientation?**

- Yes
- No
- I Don't Know

**In your opinion, to what extent is each of the following a problem in your school?**

	Serious Problem	Moderate Problem	Minor Problem	Not a Problem	I Don't Know
Student Tardiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Absenteeism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Class Cutting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In your opinion, to what extent is each of the following a problem in your school among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) students?**

	Serious Problem	Moderate Problem	Minor Problem	Not a Problem	I Don't Know
Student Tardiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Absenteeism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Class Cutting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Questions About Bullying

Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. This includes verbal, physical, social, and cyberbullying and may occur on or off school grounds.

Have you talked to students about bullying during the current school year?

- Yes
- No

Prejudice is defined as negative or inaccurate beliefs about another group of people without basis in experience or facts. In your opinion, to what extent is prejudice against LGBTQ students a problem in your school?

	Serious Problem	Moderate Problem	Minor Problem	Not a Problem
From School Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From Other Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the current school year, how many students have you seen or heard being bullied?

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Questions About Bullying

Why do you think students were bullied during the current school year? Please select all that apply.

- Their gender
- Their gender expression
- Their sexual orientation or perceived sexual orientation
- Their race or ethnicity or perceived race or ethnicity
- Their family's income or economic status or perceived income or economic status
- Their religion or perceived religion
- Their citizenship status or perceived citizenship status
- Their body size or weight
- Their disability or perceived disability
- None of these
- I don't know
- Other (please specify)

During the current school year when you were made aware of instances of bullying, how often have you:

	Always	Very Often	Sometimes	Rarely	Never
Reported instances of bullying for disciplinary action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervened directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any of the instances of bullying that you reported during the current school year related to the sexual orientation, gender identity, or gender expression of the victim?

- Yes
- Possibly
- No
- Unsure
- I did not report any instances of bullying during the current school year

During the current school year, how many times have you heard a student make negative comments about LGBTQ people?

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6 or more times

Questions About Bullying

**When you heard a student make negative comments about LGBTQ people, how often did you intervene or do something about it?**

- Always
- Very Often
- Sometimes
- Rarely
- Never

**During the current school year, how many times have you heard a staff member make negative comments about LGBTQ people?**

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6 or more times

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Questions About Bullying

When you heard a staff member make negative comments about LGBTQ people, how often did you intervene or do something about it?

- Always
- Very Often
- Sometimes
- Rarely
- Never

What barriers, if any, have been encountered in your school's efforts to create safer schools for LGBTQ students? Please select all that apply.

- Lack of funding or financial resources
- Lack of time of school personnel
- Objections by students
- Objections by parents
- Objections by teachers
- Objections by superintendent or other school district administrators
- Objections by members of the school board
- Objections by other community members
- None of these
- I don't know
- Other (please specify)

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Referrals and Partnerships

The next set of questions asks about referrals that you have provided, during the current school year, to students in your school. For this study, we are interested in referrals for both the general student population as well as for gay and bisexual males, in particular.

We will ask about referrals to:

- HIV testing services or treatment
- STD testing services or treatment
- Other sexual health services such as condoms or HPV vaccine provision
- Counseling, mental health, psychological, or social services

**Are you aware of a referral protocol that is currently used in your school to link students to community or school-based health services?**

- Yes
- No

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Referrals and Partnerships

**Have you used the referral protocol during the current school year?**

- Yes
- No

**Did you provide any students with a referral for sexual health or counseling/mental health/psychological/social services this school year?**

- Yes
- No
- I Do Not Make Referrals

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Referrals and Partnerships

How many total students did you refer to each of the following services?

Number of Students

HIV testing services or treatment	<input type="text"/>
STD testing services or treatment	<input type="text"/>
Other sexual health services such as condoms or HPV vaccine	<input type="text"/>
Counseling, mental health, psychological, or social services	<input type="text"/>

Of the students that you referred during the current school year, how often did you follow-up to determine if the students accessed the service?

	Always	Very often	Sometimes	Rarely	Never	N/A
HIV testing services or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STD testing services or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sexual health services such as condoms or HPV vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling, mental health, psychological, or social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Of the students that you referred to the following services, how many were males who either:

- Identified as gay or bisexual OR
- Told you that they had been engaging in sexual activities with other males (regardless of how they identified)?

Number of Students

HIV testing services or treatment	<input type="text"/>
STD testing services or treatment	<input type="text"/>
Other sexual health services such as condoms or HPV vaccine	<input type="text"/>
Counseling, mental health, psychological, or social services	<input type="text"/>

The page above continues below.

**For the male students you referred who identified as gay or bisexual, OR told you they had had been engaging in sexual activities with other males (regardless of how they identified), how often did you follow-up to determine if the student accessed the service?**

	Always	Very often	Sometimes	Rarely	Never	N/A
HIV testing services or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STD testing services or treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sexual health services such as condoms or HPV vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling, mental health, psychological, or social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Did you provide any students with a referral to another school staff member (e.g., a nurse, wellness coordinator, school social worker, counselor, administrator, or teacher) for the purpose of providing access to health, social or psychological services this school year?**

- Yes
- No
- I Do Not Make Referrals

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Referrals and Partnerships

How many students did you refer to another school staff member (e.g., a nurse, wellness coordinator, school social worker, counselor, administrator, or teacher) for the purpose of providing access to any of the following services?

	Number of Students
HIV testing services or treatment	<input type="text"/>
STD testing services or treatment	<input type="text"/>
Other sexual health services such as condoms or HPV vaccine	<input type="text"/>
Counseling, mental health, psychological, or social services	<input type="text"/>

To which type of school staff member(s) did you most often refer students for each of these services:

Please indicate the staff member's position (e.g., a nurse, wellness coordinator, school social worker, counselor, administrator, or teacher), rather than their name.

HIV testing services or treatment:	<input type="text"/>
STD testing services or treatment:	<input type="text"/>
Other sexual health services such as condoms or HPV vaccine:	<input type="text"/>
Counseling, mental health, psychological, or social services:	<input type="text"/>

Of the students that you referred to another school staff member (e.g., a nurse, wellness coordinator, school social worker, counselor, administrator, or teacher), how many do you believe were gay or bisexual males?

	Number of Students
HIV testing services or treatment	<input type="text"/>
STD testing services or treatment	<input type="text"/>
Other sexual health services such as condoms or HPV vaccine	<input type="text"/>
Counseling, mental health, psychological, or social services	<input type="text"/>

The page above continues below.

**Do your students have access to a school-based health center or Wellness Center?**

- Yes
- No
- I Don't Know

**Please rate how confident you are in your ability to talk about sexual health with male students who:**

- **Identify as gay or bisexual OR**
- **Engage in sexual activities with other males (regardless of how they identify)**

- Poor
- Fair
- Good
- Excellent
- Not Sure

**Please rate how confident you are in your ability to make referrals to meet the needs of male students who:**

- **Identify as gay or bisexual OR**
- **Engage in sexual activities with other males (regardless of how they identify)**

- Poor
- Fair
- Good
- Excellent
- Not Sure

**Are you aware of any organizations in your community that provide sexual health services for males who:**

- **Identify as gay or bisexual OR**
- **Engage in sexual activities with other males (regardless of how they identify)?**

- Yes
- No

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Referrals and Partnerships

Please list the organizations by name (don't worry if you don't know the exact name—enter as much detail as you recall)

Are you aware of any organizations in your community that provide social services or mental health services for males who:

- Identify as gay or bisexual OR
- Engage in sexual activities with other males (regardless of how they identify)?

Yes

No

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Referrals and Partnerships

Please list the organizations by name (don't worry if you don't know the exact name—enter as much detail as you recall)

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## Questions About Professional Development

The next questions are about professional development for school personnel. This might include workshops, conferences, continuing education, graduate courses, or any other kind of in-service.

**During the current school year, did you receive professional development in any of the following areas? Please select all that apply.**

- HIV testing services or treatment
- STD testing services or treatment
- Other sexual health topics (HPV vaccine, condoms, HIV and STD prevention)
- Counseling, psychological, or social services
- Suicide prevention
- Bullying or harassment
- Diversity or cultural competency
- LGBTQ sensitivity
- None of these
- I don't know
- Other (please specify)

**During the current school year, did you receive professional development related to youth being bullied for any of the following reasons? Please select all that apply.**

- Their gender
- Their gender expression
- Their sexual orientation or perceived sexual orientation
- Their race or ethnicity or perceived race or ethnicity
- Their family's income or economic status or perceived income or economic status
- Their religion or perceived religion
- Their citizenship status or perceived citizenship status
- Their body size or weight
- Their disability or perceived disability
- None of these
- I don't know
- Other (please specify)

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## Questions About Policies at Your School

Please answer the following questions about policies and practices in your school to the best of your knowledge. Policies are governing guidelines by which a school district and school buildings are run. Practices are the actual application of an idea or method in the school district or school.

**Has your school adopted a policy or practice to offer the following? Please select all that apply.**

- Students allowed to be excused from school to receive confidential health or psychological services without being counted absent
- HIV prevention education that includes information about, or skills specifically for, LGBTQ youth
- STD prevention education that includes information about, or skills specifically for, LGBTQ youth
- Sexuality education that acknowledges and validates LGBTQ youth and relationships
- None of these
- I don't know

**Does your district have a policy in place that determines what messages about sexual health can be taught to students?**

- Yes
- No
- I don't know

**Has the sexual health curriculum (Student Progression Plan 6000.1) been implemented in your school?**

- Yes
- No
- I don't know

**Has your school adopted a policy or practice that makes condoms available to students?**

- Yes
- No
- I Don't Know

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Questions About Policies at Your School

**Are students required to have parental consent to get condoms?**

- Yes
- No
- I Don't Know

**Does your school have a “safer school” or anti-bullying or harassment policy?**

- Yes
- No
- I Don't Know

**Are you aware of Broward County Public Schools' LGBTQ Critical Support Guide?**

- Yes
- No

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Questions About Policies at Your School

**Have you used the LGBTQ Critical Support Guide to inform or support your work with students, staff or families?**

- Yes
- No

**Does your district have policies in place that provide protection for LGBTQ students?**

- Yes
- No
- I don't know

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Thank You

Thank you for taking the time to complete this survey. The information you have provided will be very valuable in helping us understand referrals taking place in your school, and also the climate for LGBTQ students. The findings from this survey will be used to help evaluate the success of the project, and inform future project activities.

If you have any questions about your participation in this survey, you can reach the project manager, Catherine Lesesne, at (404) 592 2230 or clesesne@icfi.com.

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Done