

Appendix D-1 Student Applicant Survey

Information for Reviewers

This study team for the Evaluation of the D.C. Opportunity Scholarship Program (OSP) will administer this Student Survey to collect data on students' experiences with the OSP. This document includes proposed survey items, their sources, and programming logic for online administration. Reviewers should take note of the following:

Respondent samples and survey timing

The study team will administer this:

- **Student Applicant Survey to:** OSP-eligible students who apply for an OSP scholarship for the 2021-22 school year. When students receive the survey invitation in the spring of 2022, they **may or may not have used** an OSP scholarship to enroll in a DC private school.

Formatting guide

This document uses the following conventions:

[**ALL CAPS**] Indicates programming logic that respondents will not see but which drive survey skip patterns and auto-filled parameters.

Source: Indicates the original source of the item and notes any study-related adaptations.

Definitions

The survey uses the following variables:

VARIABLE	Definition
CHILD_FNAME	The first name of the student that had an application submitted for an OSP scholarship.
REF_DATE	A common month and year for survey respondents to use when answering questions about “current” or past school enrollment, applications, etc. For example, “February, 2022”.
CURRENT_SCHL	The school where student is enrolled as of REF_DATE based on survey response.
OCTOBER_YR1_SCHL	The school where student is enrolled as of October 2021 based on survey response.
ELEM_SCH	Response to this variable is set to YES, if the student is in an elementary school grade at the time of the survey and NO if the student is not in an elementary school grade.
MIDL_SCH	Response to this variable is set to YES, if the student is in a middle school grade at the time of the survey and NO if the student is not in a middle school grade.
HIGH_SCH	Response to this variable is set to YES, if the student is in a high school grade at the time of the survey and NO if the student is not in a high school grade.
SCH_NAME	Sample variable. Lists name of each school in DC (traditional or charter public, private) for use in dropdown menus.
SCHL_ADDRESS	Sample variable. Lists street address of each school in DC

VARIABLE	Definition
	(traditional or charter public, private) to confirm school selection made in dropdown menu.
SCH_TYPE	Sample variable. Indicates if CURRENT_SCHL is a public or private school.
OSP_USER_CURR	Response is set to YES, if CURRENT_SCHL is an OSP school and NO otherwise.
OSP_USER_OCT	Response is set to YES, if OCTOBER_YR1_SCHL is an OSP school and NO otherwise.
TRANSFER	Response is set to YES, if OCTOBER_YR1_SCHL is a different school than CURRENT_SCHL and NO otherwise.

Survey item sources

DC OSP Education Study Elementary School Student Questionnaire, Spring 2013. Fielded as part of Dynarski, Rui, Webber, and Gutmann, *Evaluation of the DC Opportunity Scholarship Program: Impacts Two Years After Students Applied* (NCEE 2018-4010). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. Retrieved from <https://www.reginfo.gov/public/do/DownloadDocument?objectID=57177901>

DC OSP Education Study Middle School Student Questionnaire, Spring 2013. Fielded as part of Dynarski, Rui, Webber, and Gutmann, *Evaluation of the DC Opportunity Scholarship Program: Impacts Two Years After Students Applied* (NCEE 2018-4010). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. Retrieved from <https://www.reginfo.gov/public/do/DownloadDocument?objectID=57178001>

DC OSP Education Study High School Student Questionnaire, Spring 2013. Fielded as part of Dynarski, Rui, Webber, and Gutmann, *Evaluation of the DC Opportunity Scholarship Program: Impacts Two Years After Students Applied* (NCEE 2018-4010). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. Retrieved from <https://www.reginfo.gov/public/do/DownloadDocument?objectID=57178101>

DC OSP Education Study Parent Questionnaire, Spring 2013. Fielded as part of Dynarski, Rui, Webber, and Gutmann, *Evaluation of the DC Opportunity Scholarship Program: Impacts Two Years After Students Applied* (NCEE 2018-4010). Washington, DC: National Center for Education Evaluation and Regional Assistance, Institute of Education Sciences, U.S. Department of Education. Retrieved from <https://www.reginfo.gov/public/do/DownloadDocument?objectID=57178801>

National Center for Education Statistics (2017). ED School Climate Surveys (Parent Survey). Washington, DC: U.S. Department of Education. Retrieved from https://safesupportivelearning.ed.gov/sites/default/files/EDSCLS_Questionnaires_112017.pdf

National Center for Education Statistics (2017). ED School Climate Surveys (Student Survey). Washington, DC: U.S. Department of Education. Retrieved from https://safesupportivelearning.ed.gov/sites/default/files/EDSCLS_Questionnaires_112017.pdf

U.S. Census Bureau (2019). National Survey of Children's Health. Retrieved from <https://www.census.gov/content/dam/Census/programs-surveys/nsch/tech-documentation/questionnaires/2019/NSCH-T3.pdf>

Welcome Text and Assent to Participate

DC Opportunity Scholarship Program: Student Survey, Spring 2022

WELCOME

This survey is part of a study about the DC Opportunity Scholarship Program (OSP). The OSP provides scholarships to help DC families pay for private school. The **U.S. Department of Education** is sponsoring this study and has hired Abt Associates and other researchers to carry out the study.

We think that you and your family **applied** for an OSP scholarship so you could attend private school this year. We would like to hear how the school year is going for you. **Your answers are important even if you are not attending private school this school year.**

ASSENT

Your responses to this survey are important to the study.

We are asking you to complete a short survey about your experiences in your school.

The survey should take about 15 minutes to complete.

This survey is voluntary and you may choose to not answer a question or to stop the survey at any point. There are no right or wrong answers to the questions. Your answers will not be shared with anyone at your school, anyone at the OSP program, or anyone other than the study team. Your name will not be used in any reports the study team writes.

Your parent/guardian has been given information about this study and has agreed that you can take this survey if you would like. We know your time is valuable and we thank you for your participation in this survey! If you complete the survey, we will give you a \$10 electronic gift card that you can use like cash either online or by phone.

By pressing the continue button you agree to participate in this survey.

Continue

Information collected for this study comes under the confidentiality and data protection requirements of the Institute of Education Sciences (The Education Sciences Reform Act of 2002, Title I, Part E, Section 183). Per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183, 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 program, district or individual. Any willful disclosure of such information for non-statistical purposes, except as required by law, is a class E felony.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. Public reporting burden for this collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, application or survey, please contact (National Center for Education Evaluation/Institute of Education Sciences U.S. Department of Education, 555 New Jersey Avenue, SW Room 502i, Washington, DC 20208) directly. (Note: Please do not return the completed instrument, form, application or survey to this address.)

About your school

Most of the questions on this survey asks about your current school and how you feel about it. First, we have some questions about the school you are attending and your current grade.

1. As of [REF_DATE], what school are you attending?

School name: [Begin typing, then select your school].

Select your school above, or mark **one** of the following:

- I am home-schooled
- I am attending a school that is outside of DC or outside of the U.S.
- I am currently not attending school

Source: New

POPULATE DROPDOWN WITH LIST FROM SCH_NAME SAMPLE VARIABLE.

AFTER RESPONDENT CLICKS NEXT CONFIRM ENTRY: "Just to confirm, you said you are attending

[1_SCHL] at [SCHL_ADDRESS]. Is that correct?" IF Y, CONTINUE, IF N, REPEAT 1.

IF "I am home-schooled," THEN LET CURRENT_SCHL = "home-schooled"

IF "...a school that is not in DC," THEN LET CURRENT_SCHL = "your current school"

IF MISSING AFTER SOFT PROMPT, THEN LET 1_MFLAG=1 AND CURRENT_SCHL = "your current school"

ELSE LET CURRENT_SCHL=1_SCHL (SELECTION MADE)

IF CURRENT_SCHL=PRIVATE SCHOOL THEN SET SCH_TYPE=PRIVATE

IF CURRENT_SCHL=PUBLIC SCHOOL THEN SET SCH_TYPE=PUBLIC

ALL ELSE THEN SET SCH_TYPE=MISSING

IF CURRENT_SCHL = OSP SCHOOL THEN OSP_USER_CURR = YES, ELSE SET OSP_USER_CURR = NO

2. What grade are you in this year (2021-2022)?

- | | | |
|---|---|--|
| <input type="radio"/> 4 th grade | <input type="radio"/> 7 th grade | <input type="radio"/> 10 th grade |
| <input type="radio"/> 5 th grade | <input type="radio"/> 8 th grade | <input type="radio"/> 11 th grade |
| <input type="radio"/> 6 th grade | <input type="radio"/> 9 th grade | <input type="radio"/> 12 th grade |

Source: New

IF 2= "4th grade" or "5th grade" THEN SET ELEM_SCH=YES, MIDL_SCHL=NO, HIGH_SCHL=NO

IF 2= "6th grade", "7th grade", or "8th grade" THEN SET ELEM_SCH=NO, MIDL_SCH=YES, HIGH_SCHL=NO

IF 2= "9th grade", "10th grade", "11th grade", or "12th grade" THEN SET ELEM_SCH=NO, MIDL_SCHL=NO,

HIGH_SCH=YES

IF ELEM_SCH = YES AND CURRENT_SCHL = "I am currently not attending school" OR "home-schooled"

SKIP TO END

[INTRO_3] IF ELEM_SCH=YES THEN SKIP TO [INTRO_6]

ELSE DISPLAY: Next, we'd like to know where you were attending school this fall – that is, in **October 2021**.

IF CURRENT_SCHL=A SCHOOL NAME, GO TO 3a

IF CURRENT_SCHL="your current school", GO TO 3b

IF CURRENT_SCHL="home-schooled", GO TO 3c

IF CURRENT_SCHL="currently not attending school", GO TO 3d

3a. Is [CURRENT_SCHL] the **same** school you were attending in **October 2021**?

- Yes
- No

Source: New

IF YES, TRANSFER=NO, SKIP TO [INTRO_4/5]

IF NO OR MISSING, TRANSFER=YES, GO TO 3e

3b. Is your current school the **same** school you were attending in **October 2021**?

- Yes
- No

Source: New

IF YES, TRANSFER=NO, SKIP TO [INTRO_4/5]

IF NO OR MISSING, TRANSFER=YES, GO TO 3e

3c. Were you also home-schooled in **October 2021**?

- Yes
- No

Source: New

IF YES, TRANSFER=NO, SKIP TO SURVEY END

IF NO OR MISSING, TRANSFER=YES, GO TO 3e

3d. Were you also not attending school in **October 2021**?

- Yes
- No

Source: New

IF YES, SKIP TO SURVEY END

IF NO OR MISSING, TRANSFER=YES, GO TO 3e

3e. What school were you attending in October 2021?

School name: [Begin typing, then select your school].

Select your school above, or mark **one** of the following:

- I was home-schooled
- I was attending a school that is outside of DC or outside of the U.S.
- I was not attending school

Source: New

POPULATE DROPDOWN WITH LIST FROM SCH_NAME SAMPLE VARIABLE.

AFTER RESPONDENT CLICKS NEXT CONFIRM ENTRY: "Just to confirm, you said you are attending [3e_SCHL] at [SCHL_ADDRESS]. Is that correct?" IF Y, CONTINUE, IF N, REPEAT 3e.

IF "I was home-schooled," THEN OCTOBER_YR1_SCHL = "home-schooled"

IF "...a school that is not in DC," THEN OCTOBER_YR1_SCHL = "current school not in DC"

IF MISSING AFTER SOFT PROMPT, THEN 3_MFLAG=1 AND OCTOBER_YR1_SCHL = "your current school"

ELSE OCTOBER_YR1_SCHL=3e_SCHL (SELECTION MADE)

IF OCTOBER_YR1_SCHL= OSP SCHOOL THEN OSP_USER_OCT = YES, ELSE SET OSP_USER_OCT = NO

IF OCTOBER_YR1_SCHL = "not attending school" or "home-schooled" AND CURRENT_SCHL= "not attending school" or "home-schooled" THEN SKIP TO SURVEY END.

[INTRO_4/5] Now we'd like to understand the school choices you had this year (2021-2022).

IF OCTOBER_YR1_SCHL= A SCHOOL NAME OR "your current school" OR "...a school that is not in DC," THEN GO TO 4.

IF OCTOBER_YR1_SCHL= "not attending school" OR "home-schooled" THEN GO TO 5

4. Did you have a say in choosing the school you attended in October 2021 (OCTOBER_YR1_SCHL | HIDE IF OCTOBER_YR1_SCHL= "your current school")?

- Yes
- No

Source: New

IF YES, THEN CONTINUE TO 4a

IF NO OR MISSING AND TRANSFER= NO, THEN SKIP TO INTRO_6

4a. Why did you choose [OCTOBER_YR1_SCHL], | HIDE IF OCTOBER_YR1_SCHL= “your current school”] the school you were attending in October 2021? Check all that apply.

- The school was easy to get to or close to my home
- The school was located in a neighborhood I liked
- The school offered transportation to and from school
- The school was safe
- The classrooms, playground/athletic fields were nice
- The school had computers or tablets (e.g. Chromebooks, iPad) for all students
- Good academics
- The school offered sports, clubs or activities that I wanted
- I could be around students who are different from me
- I could be around students who are like me
- Time spent on religious education and traditions
- My family could afford to send me to this school
- School offered free or affordable breakfast and/or lunch
- I did not get in to my first choice school
- Other [TEXTBOX]
- None of the above

Source: DC OSP Education Parent Questionnaire, Spring 2013, Items 20, adapted
IF “NONE” MARKED THEN NOTHING ELSE EXCEPT FOR OTHER MAY BE MARKED

4b. [DISPLAY IF OSP_USER_OCT=YES AND CURRENT_SCHL= NOT ATTENDING OR HOME-SCHOOL] Why did you stop attending school this school year? Check all that apply.

- I moved out of the DC
 - I moved within DC
 - I was bullied, threatened, or hurt at school
 - I was unable to participate in a specific sport or other activity I was interested in
- My previous school:**
- Asked me to leave/ expelled me
 - Was too far from home or too hard to get to
 - Was located in a neighborhood I didn’t like
 - Did not offer transportation to and from school
 - Was too expensive
 - Did not offer the services I needed for a learning, physical, or developmental disability or other special needs
 - Did not offer the support I needed for academics
 - Did not offer support I needed for students whose primary language is not English
 - Did not offer the accelerated learning opportunities I wanted
 - Did not offer free or affordable breakfast and/or lunch
 - Other reason, please specify:** [TEXTBOX]
 - None of the above

Source: New
IF “NONE” MARKED THEN NOTHING ELSE EXCEPT FOR OTHER MAY BE MARKED

5. [DISPLAY IF TRANSFER= YES AND OSP_USER_OCT=YES OR OSP_USER_CURR=YES OR IF OCTOBER_YR1_SCHL = HOME-SCHOOLED OR NOT ATTENDING] Did you have a say in choosing your current school (CURRENT_SCHL | HIDE IF CURRENT_SCHL= “your current school”) ?

- Yes
 No

Source: New

IF YES, THEN SKIP TO 5a

IF NO OR MISSING AND TRANSFER= YES AND OSP_USER_OCT=YES OR OSP_USER_CURR= YES THEN SKIP TO 5b

IF NO OR MISSING AND OCTOBER_YR1_SCHL = HOME-SCHOOLED OR NOT ATTENDING AND OSP_USER_CURR=YES SKIP TO INTRO_6

5a. Why did you choose to attend [CURRENT_SCHL]? Check all that apply.

- The school is easy to get to or is close to my home
 The school is located in a neighborhood I like
 The school offers transportation to and from the school
 The school is safe
 The classrooms, playground/athletic fields are nice
 The school has computers or tablets (e.g. Chromebooks, iPad) for all students
 Good academics
 The school offers sports, clubs or activities that I wanted
 I get to be around students who are different from me
 I get to be around students who are like me
 Time spent on religious education and traditions
 School offers free or affordable breakfast and/or lunch
 My family could afford to send me to this school
 I did not get in to my first choice school
 Other [TEXTBOX]
 None of the above

Source: DC OSP Education Parent Questionnaire, Spring 2013, Items 20, adapted

IF “NONE” MARKED THEN NOTHING ELSE EXCEPT FOR OTHER MAY BE MARKED

5b. [DISPLAY IF TRANSFER= YES AND OSP_USER_OCT=YES OR OSP_USER_CURR=YES]
Why did you switch schools this school year? Check all that apply.

- I moved out of the DC
- I moved within DC
- I was admitted to a school I liked more
- I wanted to be with friends at another school
- I was bullied, threatened, or hurt at previous school
- I was unable to participate in a specific sport or other activity I was interested in

My previous school:

- Asked me to leave/ expelled me
- Was too far from home or too hard to get to
- Was located in a neighborhood I didn't like
- Did not offer transportation to and from school
- Was too expensive
- Did not offer the services I needed for a learning, physical, or developmental disability or other special needs
- Did not offer the support I needed for academics
- Did not offer the English language support I needed
- Did not offer the accelerated learning opportunities I wanted
- Did not offer free or affordable breakfast and/or lunch
- Other reason, please specify:** [TEXTBOX]
- None of the above

Source: New

IF "NONE" MARKED THEN NOTHING ELSE EXCEPT FOR OTHER MAY BE MARKED

IF CURRENT_SCHL_YR1= home-schooled OR not attending THEN SKIP TO [SURVEY END] ELSE GO TO INTRO_6

[INTRO_6] Now we'd like to know more about your current school ([CURRENT_SCHL | HIDE IF CURRENT_SCHL= "your current school"]) and how you feel about it.

6. Do you get tutoring outside of school?

- Yes
- No

Source: New

IF OSP_USER_CURR=YES AND 6=YES, CONTINUE TO 6a
ELSE, SKIP TO 7

6a. Do you get tutoring from Serving Our Children?

- Yes
- No
- I don't know

Source: New

7. During the current school year (2021-2022), have your teachers, school counselors, or other adults in the school...

	Yes	No
Helped you with school work before or after school?	<input type="checkbox"/>	<input type="checkbox"/>
Helped you with school work on weekends?	<input type="checkbox"/>	<input type="checkbox"/>
Offered you advice about problems you're having with friends or family?	<input type="checkbox"/>	<input type="checkbox"/>
Provided you with advice when you felt sad, worried, angry, or scared?	<input type="checkbox"/>	<input type="checkbox"/>
Provided one on one help to you with your work during class?	<input type="checkbox"/>	<input type="checkbox"/>
Given you advice about which classes to take? <small>HIDE IF ELEM_SCHL=YES</small>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you think about the kind of job and career you would like to have? <small>HIDE IF ELEM_SCHL=YES</small>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you complete college applications? <small>HIDE IF HIGH_SCH=NO</small>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed your college entrance test results and discussed whether you should retake the test? <small>HIDE IF HIGH_SCH=NO</small>	<input type="checkbox"/>	<input type="checkbox"/>
Talked with you about your options for life after high school? <small>HIDE IF HIGH_SCH=NO</small>	<input type="checkbox"/>	<input type="checkbox"/>

Source: DC OSP Education Study Elementary and Middle School Student Questionnaire, Spring 2013, Items 11, adapted; DC OSP Education Study High School Student Questionnaire, Spring 2013, Items 16, adapted

8. How much do you agree or disagree with these statements about the teachers and other adults at your school?

At my school, there is a teacher or some other adult who...	Agree strongly	Agree	Disagree	Disagree strongly
Listens to me when I have something to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Really cares about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Believes I will be a success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always wants me to do my best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices when I'm not there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks to me about problems I have at home or with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivates me to work hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: DC OSP Education Study Elementary and Middle School Student Questionnaire, Spring 2013, Items 10

9a. Which categories do you think describe your **English** teacher? You can pick one or more than one answer.

- Hispanic or Latino
- Black or African American
- Asian
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Not sure

9b. Which categories do you think describe your **math** teacher? You can pick one or more than one answer.

- Hispanic or Latino
- Black or African American
- Asian
- White
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Not sure

Source: New

10. How much do you agree or disagree with these statements about your school?

	Agree strongly	Agree	Disagree	Disagree strongly
Students are proud to go to this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students at this school have a lot of opportunities to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules of behavior are fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People at my school are supportive of each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have friends at my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students and teachers have respect for other religions and cultures at my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: DC OSP Education Study Elementary and Middle School Student Questionnaire, Spring 2013, Items 7

11. How much do you agree or disagree with these statements about your school?

At my school, students...	Agree strongly	Agree	Disagree	Disagree strongly
Are disrespectful in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't do their homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often make fun of each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Often disrupt class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often get away with it when they misbehave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: DC OSP Education Study Elementary and Middle School Student Questionnaire, Spring 2013, Items 12

12. Think about the kids you hang out with at school. How many of them do the following:

	All of them	Some of them	A few of them	None
Swear regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make sexist, racist, or homophobic comments? HIDE IF ELEM_SCHL=YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cigarettes or vape regularly? HIDE IF ELEM_SCHL=YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink beer or alcohol regularly? HIDE IF ELEM_SCHL=YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use illegal drugs regularly? HIDE IF ELEM_SCHL=YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about college and career aspirations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about classes in school and what they are learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk about what could be done to improve the neighborhoods and the city?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study hard to get good grades?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan to go to college? HIDE IF ELEM_SCHL=YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have ever dropped out of high school? HIDE IF HIGH_SCH=NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have taken the PSAT, SAT, PLAN or ACT? HIDE IF ELEM_SCHL=YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan to have a full-time job after graduating high school instead of continuing their education? HIDE IF HIGH_SCH=NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: DC OSP Education Study Elementary School Student Questionnaire, Spring 2013, Item 20, adapted; DC OSP Education Study High School Student Questionnaire, Spring 2013, Item 16, adapted

IF HIGH_SCH=YES CONTINUE TO 13

IF HIGH_SCH=NO SKIP TO 15

13. During this year, have you taken any of the following classes?

	Yes	No
Advanced Placement (AP)	<input type="radio"/>	<input type="radio"/>
International Baccalaureate (IB)	<input type="radio"/>	<input type="radio"/>
College courses	<input type="radio"/>	<input type="radio"/>

Source: DC OSP Education Study High School Student Questionnaire, Spring 2013, Items 16, adapted

14. As part of helping you to prepare for life after high school, did your school arrange for you to:

	Yes	No
Attend a career day or job fair	<input type="radio"/>	<input type="radio"/>
Attend a program at, or taken a tour of a college campus	<input type="radio"/>	<input type="radio"/>
Sit in on or take a college class	<input type="radio"/>	<input type="radio"/>
Participate in an internship or apprenticeship related to your career goals	<input type="radio"/>	<input type="radio"/>
Work or volunteer in a job related to your career goals	<input type="radio"/>	<input type="radio"/>
Search the Internet for college options or read college guides	<input type="radio"/>	<input type="radio"/>

Source: DC OSP Education Study High School Student Questionnaire, Spring 2013, Items 9, adapted

15. What grades would you give your school for the following?

	A Excellent	B Good	C Fair	D Poor	F Failing
Condition of classrooms and other spaces (such as library, computer or science labs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports or extra-curricular activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Source: New

16. How strongly do you agree or disagree with the following statements about [CURRENT_SCHL]? Mark one response.

16a. I am safe when I am in the neighborhood around my school:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Source: ED School Climate Surveys Student Survey, Item 18, adapted

16b. I am safe when I am traveling to and from my school:

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Source: ED School Climate Surveys Student Survey, Item 18, adapted

17. Think about the kids you hang out with at school. Did the following events ever happen to you or any of them at school this year?

	Never	Once or twice	3 or more times
Had something stolen from their desk, locker, or other place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been forced by other kids to give them money or their stuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been offered drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been physically hurt by another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened with physical harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seen anyone with a real or toy gun, knife or other dangerous weapon at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been bullied at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been called a bad name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: DC OSP Education Study Elementary and Middle School Student Questionnaire, Spring 2013, adapted Items 9

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

- Very safe
- Somewhat safe
- Not safe

Source: DC OSP Education Study Middle School Student Questionnaire, Spring 2013, Items 8

[GO TO SURVEY END](#)

SURVEY END

THANK YOU! Your survey is complete. Let's confirm your address to make sure you get a \$10 electronic gift card as a token of our appreciation. Our records show that your email address is:

[EMAIL]

Is this where you would like to receive your electronic gift card?

- Yes
- No

IF YES GO TO EXIT

IF NO: Where should we send your \$10 electronic gift card? Please type your email address below:

Email: [TEXTBOX]

GO TO EXIT

EXIT

You may now close your browser. Thank you for participating in this survey.