

# **LGBTQ Toolkit Demonstration Project Pre-Post School Staff Survey**

## **School Staff Consent Form**

Funded by the Centers for Disease Control and Prevention's (CDC's) Division of Adolescent and School Health, ICF is conducting a pilot of an LGBTQ Inclusivity Toolkit (LGBTQ stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning). As part of this effort, we are inviting you to complete a 15-minute survey about your attitudes on, and perceptions of, LGBTQ inclusivity in your school. Please read the following before you complete the survey:

There are no risks to taking the survey as your responses will be kept confidential and your name will not appear anywhere on the survey or results. Only the ICF study team will see your responses. Your fellow staff members, administrators, students, and parents/legal guardians or CDC will not be able to see your responses. All survey results will be reported as a group for all staff members who complete the survey. The study reports will not identify individuals by name or contain any information that allows such identification (e.g., email), and neither schools nor districts will be identified in any way in the reports. All personally identifiable information (e.g., emails and names) will be destroyed once the question, concern, or comment has been addressed.

Your feedback is important to help understand how we can provide useful LGBTQ inclusivity resources to school districts and schools. We hope you will answer each question in the survey, but your participation is voluntary and there are no penalties to you for not participating. If you start taking the survey and decide that you do not want to finish, you can exit at any time by clicking the exit button in the top right corner or by closing your browser.

If you choose to take the survey, you will have the option of going to a separate page at the end that is not connected to your survey responses. On this new page, you can enter your email address to be entered into a drawing for a \$50 gift card. If you start the survey and decide not to finish, you can still enter the drawing for the gift card.

If you have any questions, concerns, or comments for the survey, please contact Lisa Carver, Project Manager at ICF, by email at [Lisa.Carver@icf.com](mailto:Lisa.Carver@icf.com).

**\* I have read this form and know what the survey is about.**

**To continue, select “YES, I agree to take this survey.”**

- YES, I agree to take this survey.**
- NO, I do not agree to take this survey.**

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### **Survey Instructions**

Please read each question carefully and select the answer that most closely fits your opinion. We have provided definitions below of terms that we use throughout the survey for your reference. We thank you for taking the time to complete this survey.

#### **Definitions:**

- **Sexual orientation** refers to a person’s sexual and emotional attraction to another person and the behavior and/or social affiliation or identity that may result from this attraction (straight, lesbian, gay, bisexual, etc.).
- **Gender identity** refers to a person's innate, deeply felt psychological identification as male, female, or something else (e.g., non-binary) which may or may not correspond to the person's designated sex at birth.
- **LGBTQ** stands for lesbian, gay, bisexual, transgender, or queer/questioning.

## **LGBTQ Toolkit Demonstration Project Pre-Post School Staff Survey**

1. Please select your current role:

- Instructional Staff
- Non-Instructional Staff

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2a. Please select your current instructional staff role:

- Teacher
- Paraprofessional
- ESL
- Instructional Coach
- Other

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**2b. Please select your current non-instructional staff role:**

- District level staff
- School office staff
- Administration
- Student services (School Psychologist, Nurse, Social Worker)
- Custodial staff
- Cafeteria staff
- School Resource Officer
- Other

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**3. How long have you served in your current role?**

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

**4. What is your highest level of education?**

- High school or equivalent
- Associate degree
- Some college coursework completed
- Bachelor's degree
- Master's degree
- Doctorate or professional degree (e.g., MD or JD)

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**5. Are you aware that your district is working to implement an LGBTQ inclusivity toolkit this year?**

- Yes
- No

**6. How much knowledge do you have about the types of resources for students with LGBTQ identities at your school in the following areas?**

	No knowledge	A little knowledge	Some knowledge	A great deal of knowledge
<b>The types of programs and activities, such as clubs, that my school has for students with LGBTQ identities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Social emotional learning, mental health, and counseling services tailored to students with LGBTQ identities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Community organizations that support students with LGBTQ identities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please tell us how much you agree or disagree with the following statements:

	Disagree	Somewhat agree	Neither agree nor disagree	Somewhat agree	Agree
I am aware of policies in place at my district that provide protection for students with LGBTQ identities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident applying my district's policies during incidents that involve bullying of students with LGBTQ identities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident applying my district's policies that support maintaining safety for students with LGBTQ identities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## LGBTQ Toolkit Demonstration Project Pre-Post School Staff Survey

8. During the last school year did you attend any professional development training(s) that addressed the needs of students with LGBTQ identities?

- Yes
- No

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9. How many hours did you spend at these professional development trainings?

- 1 to 3 hours
- 4 to 7 hours
- More than 8 hours

10. How often do you use inclusive teaching strategies and materials (e.g., valuing other cultures and perspectives, using materials that present history from a different perspective)?

- Not applicable (I am not an instructor)
- Never
- Daily
- Weekly
- Monthly

11. How often do you...

	Never	Daily	Weekly	Monthly	Quarterly/Semester
Participate in or support any school-based LGBTQ-inclusive activities, such as awareness weeks or LGBTQ history month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Never

Daily

Weekly

Monthly

Quarterly/Semester

Participate in or support a GSA (Gay Straight Alliance or Genders and Sexualities Alliance) or similar school-based LGBTQ-inclusivity club?

Display symbols or other visuals to indicate your classroom or office is a safe space?

Share your pronouns with students and other staff to support the school becoming a more inclusive environment?

Seek out opportunities offered by your school or district to learn about LGBTQ identities and experiences?

Familiarize yourself with school and community-based resources for students with LGBTQ identities?

	Never	Daily	Weekly	Monthly	Quarterly/Semester
Engage in discussions about LGBTQ topics with students or other staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer students to activities, groups, partners, or other resources either through the school or outside of the school that support students with LGBTQ identities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. What concerns, if any, do you have about engaging in LGBTQ inclusivity activities like those listed in the previous question? Please select all that apply.**

- I am concerned about negative feedback from parents/caregivers or students.
- I am concerned about negative feedback from other school or district staff.
- I am afraid people will think that I identify as LGBTQ (regardless of whether you do identify as LGBTQ).
- I do not have time.
- I do not know how.
- I do not believe that addressing LGBTQ inclusivity is part of my job.
- I do not believe LGBTQ inclusivity is important.
- Other

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**13. How much do you disagree or agree with the following statements?**

Disagree      Somewhat disagree      Neither disagree nor disagree      Somewhat agree      Agree

It is important for students with LGBTQ identities and the experiences of people with LGBTQ identities to be recognized in school activities.

                      

It is important for students with LGBTQ identities and the experiences of people with LGBTQ identities to be recognized in school lessons.

                      

It is important for schools to work towards being safe places for students with LGBTQ identities.

                      

It is part of my job to build a school environment in which students with LGBTQ identities feel safe and affirmed.

                      

It is the responsibility of each individual who works at a school to work towards LGBTQ inclusivity.

	Disagree	Somewhat disagree	Neither disagree nor disagree	Somewhat agree	Agree
It is part of my job to support LGBTQ inclusivity activities (e.g., supporting clubs, learning more about supporting students with LGBTQ identities, being a safe person with whom students can discuss LGBTQ issues).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## LGBTQ Toolkit Demonstration Project Pre-Post School Staff Survey

14. In your opinion, how much support is provided to students with LGBTQ identities in your school?

	No support	Little support	Some support	A lot of support
From instructional school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From non-instructional school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From administrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From parents/caregivers, and the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. During the current school year, how many times have you heard students make harassing statements to another student or to a school staff related to sexual orientation?**

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

**16. During the current school year, how many times have you heard students make harassing statements to another student or to a school staff related to gender identity?**

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

**17. During the past school year, have you intervened in a situation of bullying related to sexual orientation or gender identity?**

- Yes
- No

**18. If you intervened in an instance of bullying related to sexual orientation or gender identity, what actions did you take regarding the student who was doing the bullying? Please select all that apply.**

- I have not intervened in any instances of bullying
- Asked the student who was doing the bullying to stop
- Talked with the student who was doing the bullying about the potential harm of the bullying behavior
- Referred the student who was doing the bullying to a school counselor or other resource staff
- Referred the student who was doing the bullying to school administration for disciplinary action
- Referred the student who was doing the bullying to a restorative practice program at the school (e.g., conflict resolution)
- Initiated a restorative practice with the student who was doing the bullying(e.g., peer-to-peer mediation)
- Contacted a parent or caregiver about the behavior
- Other, please specify:

**19. If you intervened in an instance of bullying related to sexual orientation or gender identity, what actions did you take regarding the student who was being bullied? Please select all that apply.**

- I have not intervened in any instances of bullying
- Referred the student who was being bullied to support services at the school
- Referred the student who was being bullied to support services outside of the school
- Initiated a restorative practicewith the student who was being bullied (e.g., peer-to-peer mediation)
- Contacted a parent or caregiver about the behavior
- Other, please specify

**20. During the past school year, how many times have you intervened in a situation where a student was being bullied based on their sexual orientation or gender identity?**

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6 or more times
- I have not experienced a situation where a student is being bullied based on their sexual orientation or gender identity.

**21. During the past school year, how many times have you consulted with school or district administrators about a student who was being bullied based on their sexual orientation or gender identity?**

- 0 times
- 1 time
- 2-3 times
- 4-5 times
- 6 or more times
- I have not experienced a situation where a student is being bullied based on their sexual orientation or gender identity.

**22. How comfortable are you intervening in instances of bullying related sexual orientation or gender identity? If you have intervened in a situation like this, think back to how you felt during that experience. If you have never intervened in a situation like this, please try to imagine how you think you might feel.**

- Very uncomfortable
- Somewhat uncomfortable
- Neither uncomfortable nor comfortable
- Somewhat comfortable
- Very comfortable

**Thank you for your input! We really appreciate it!**