**2022 Virginia School Survey of Climate and Working Conditions**

Student Version – Grades 9 through 12

*This is a review copy, not for circulation or use. The actual survey is online with formatting for easier reading. Questions are grouped around school climate topics (in* **Bold Caps** *below). These topics do not appear in the online survey.*

**Instructions for staff administering this survey as a read-aloud accommodation:**

This survey uses skip logic so that some questions are not asked of all students depending on their responses to earlier questions. We have noted that skip logic in this PDF preview of the survey. These skip logic notations do not appear on the online survey.

Do you want to take the survey in English or Spanish? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | English |
| 🌕 | Spanish |

**Instructions for students:**

This survey is being given to students in grades 9 through 12. The questions will ask how you feel about your school and how students get along with one another and with adults at your school. We want to know your opinion in order to learn ways to improve your school. When you answer the questions about your school, please think about the way things have been since the school year started.

Your individual answers to these survey questions are anonymous which means that no one will know how you answered. Student answers will be summarized in a report to the school that does not include anyone's name.

There are several screens of questions, and it should take about 25-30 minutes to complete the survey. Use the Next and Previous buttons at the bottom of the screen to go to the next or previous page.

Be careful! Do not use the back button of your browser to go back to the previous page. If you use the browser button, your results will be lost, and you will need to start the survey again.

|  |
| --- |
| Below, please enter your Access Code for taking this survey. Your teacher should have this number for you. All students in your school will have the same code, so you will not be identified by this code.(If you are a staff member wishing to preview the survey or administering the survey as a read-aloud accommodation, please see the instruction packet provided to your school’s survey point of contact.)**What is your Access Code for taking this survey?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION I: General Questions**

1. You logged in to the survey as a student from: {display school name and division name}

Is this information correct? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

1. *(Ask if respondent chose “No” to question 1.)* Please select your school division and school name from the lists below.

[Dropdown menu of divisions that then populates a list of schools within the division chosen]

1. What grade are you in this year? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | 9th Grade |
| 🌕 | 10th Grade |
| 🌕 | 11th Grade |
| 🌕 | 12th Grade |

1. How many years (including this year) have you been a student at this school? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | This is my first year at this school. |
| 🌕 | This is my second year at this school. |
| 🌕 | This is my third year at this school. |
| 🌕 | This is my fourth (or more) year at this school. |

1. How have you attended classes this school year? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | I have only attended classes remotely (e.g., at home). *(Students selecting this response will not be asked the questions below that are marked with \*.)*  |
| 🌕 | I have attended classes in-person and remotely (e.g., at home). |
| 🌕 | I have only attended classes in-person. *(Students selecting this response will not be asked the questions below that are marked with \*\*.)* |

**SECTION II: Belongingness, Relationships, and School Supports**

1. Belongingness

|  |
| --- |
| **How strongly do you agree or disagree with the following statements?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. I like this school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I am proud to be a student at this school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I feel like I belong at this school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I want to learn as much as I can at school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I feel interested when I am in class.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I regularly attend school-sponsored events, such as school dances, sporting events, student performance, or other school activities.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I regularly participate in extracurricular activities, such as school clubs or organizations, musical groups, sports teams, student government, or any other extracurricular activities.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. Please indicate if and why you have a difficult time participating in academic or extracurricular activities. *Mark all that apply.*

|  |  |
| --- | --- |
| 🌕 | I do not have a difficult time participating. |
| 🌕 | The activities I am interested in were not offered this year because of COVID-19. |
| 🌕 | I chose not to participate because of COVID-19. |
| 🌕 | I chose not to participate because I worry that I will be not fit in or will not be welcomed. |

1. *(Ask only if answered “I chose not to participate because I worry that I will not fit in or will not be welcomed” to question 13.)* What makes you feel that you will not fit in or will not be welcomed?

|  |  |
| --- | --- |
| 🌕 | My race or ethnicity |
| 🌕 | My academic abilities |
| 🌕 | My physical appearance |
| 🌕 | My having too little or too much money |
| 🌕 | My gender or gender identity |
| 🌕 | My sexual orientation |
| 🌕 | My disability |
| 🌕 | Another reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Relationships among Students**

|  |
| --- |
| **How strongly do you agree or disagree with the following statements?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. I get along well with other students at this school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I care about other students at this school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I feel that other students at this school care about me.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. **Social-Emotional Learning**

|  |
| --- |
| **How strongly do you agree or disagree with the following statements?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. I stop and think before doing anything when I get angry.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I work out disagreements with other students by talking with them.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I can disagree with others without starting an argument or a fight.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I know how to decide right from wrong.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I can control myself when I am upset.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. **Relationships between Students and Adults**

|  |
| --- |
| **How strongly do you agree or disagree with the following statements about this school?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. Adults at this school care about me.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Adults at this school treat me with respect.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Adults at this school want me to do well.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Adults at this school listen to what I have to say.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I respect the adults at this school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. If I am absent, there is a teacher or some other adult at school that will notice my absence.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

|  |
| --- |
| **Do you have positive relationships with any of these adults in your schools?** *Mark one response per line.* |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. The principal or assistant principal
 | 🌕 | 🌕 |
| 1. A teacher
 | 🌕 | 🌕 |
| 1. My counselor
 | 🌕 | 🌕 |
| 1. The School Resource Officer (SRO)
 | 🌕 | 🌕 |
| 1. The School Security Officer (SSO)
 | 🌕 | 🌕 |
| 1. An adult that shares my racial, ethnic, or cultural background
 | 🌕 | 🌕 |
| 1. An adult that does not shares my racial, ethnic, or cultural background
 | 🌕 | 🌕 |
| 1. I do not have a positive relationship with any adult at this school.
 | 🌕 | 🌕 |

1. **Rigorous Instruction**

|  |
| --- |
| **How strongly do you agree or disagree with the following statements about this school?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. Teachers at this school expect me to use facts and evidence to support my ideas.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Teachers at this school want me to think about different ways to solve problems.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Teachers at this school encourage me to provide constructive feedback to other students.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Teachers at this school encourage me to value and search for a diversity of opinions, perspectives, and abilities.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Teachers at this school often connect what I am learning to life outside the classroom.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. The things I learn at this school reflect multiple cultural backgrounds, ethnicities, and identities.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. **Managing Student Behavior**

|  |
| --- |
| **How strongly do you agree or disagree with the following statements about this school?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. The school rules are fair.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. I know the consequences if I break a school rule.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. When students are accused of doing something wrong, they get a chance to explain.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Adults at this school are good at acknowledging positive behavior.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Adults at this school are good at addressing bullying.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Adults at this school are good at addressing racially motivated behaviors.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. The consequences for breaking school rules are the same for all students.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. (*Ask only if answered “Strongly Disagree”, “Disagree”, or “Slightly Disagree” to question 49.*) What do you believe causes differences in the consequences for breaking school rules? *Mark all that apply.*

|  |  |
| --- | --- |
| 🌕 | The student’s race or ethnicity |
| 🌕 | The student’s academic abilities |
| 🌕 | The student’s physical appearance |
| 🌕 | The student having too little or too much money |
| 🌕 | The student’s gender or gender identity |
| 🌕 | The student’s sexual orientation |
| 🌕 | The student’s disability |
| 🌕 | Another reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🌕 | I do not know |
| 🌕 | None of the above |

**SECTION III: Safety**

1. **General Safety**

|  |
| --- |
| **How strongly do you agree or disagree with the following statements?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. \* I feel safe traveling between my home and the school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. \* I feel safe outside on the grounds of the school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. \* I feel safe in the hallways and bathrooms of the school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. \* I feel safe in my classes.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. \* During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Never |
| 🌕 | 1-2 Days |
| 🌕 | 3-5 Days |
| 🌕 | 6-10 Days |
| 🌕 | More than 10 Days |

|  |
| --- |
| **How strongly do you agree or disagree with the following statements?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. I know what to do if there is an emergency, natural disaster (such as a tornado or a flood), or a dangerous situation (such as a violent person on campus) during the school day.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. If I heard about a threat to school or students’ safety, I would report it to someone in authority.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. If other students hear about a threat to the school or students’ safety, they would report it to someone in authority.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. \* Has anyone offered, sold, or given you alcohol or drugs while at school, at a school-sponsored event, on a school bus, or on your way to or from school this year? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

1. Are you aware if your school uses a team approach to respond to threats of violence from students or other individuals? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

1. **Prevalence of Bullying**

|  |
| --- |
| **Use this definition of bullying when answering the questions below.** * Bullying is when someone is **repeatedly** being hurt either by words or actions on purpose.
* Bullying is the **repeated** use of one’s strength or popularity to injure, threaten, or embarrass another person on purpose.
* Bullying makes the person being bullied feel intimidated or humiliated.
* Bullying happens **repeatedly** over time.
* Bullying can be physical, verbal, or social and includes cyber bullying.
* Bullying does not include teasing or horseplay. It is not bullying when two students who have the same strength or popularity have a fight or an argument.
 |

|  |
| --- |
| **How strongly do you agree or disagree with the following statements about this school?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 1. Bullying is a problem at this school.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Students at this school are bullied about their race or ethnicity.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Students at this school are bullied about their sexual orientation.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Students at this school are bullied about their physical appearance.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Students at this school are bullied for having too little or too much money.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Students at this school are bullied about their disability.
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. Have you been bullied this school year? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

1. (*Ask only if answered “Yes” to question 67.*) What do you believe motivated the bullying? *Mark all that apply*.

|  |  |
| --- | --- |
| 🌕 | My race or ethnicity |
| 🌕 | My academic abilities |
| 🌕 | My physical appearance |
| 🌕 | My having too little or too much money |
| 🌕 | My gender or gender identity |
| 🌕 | My sexual orientation |
| 🌕 | My disability |
| 🌕 | Another reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🌕 | I do not know |
| 🌕 | None of the above |

1. Have you participated in bullying another student this school year? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Has another student spread rumors or lies about you online or on social media this school year?
 | 🌕 | 🌕 |
| 1. Have you spread rumors or lies about another student online or on social media this school year?
 | 🌕 | 🌕 |
| 1. Has another student at your school made unwelcome sexual comments, jokes, or gestures that made you feel uncomfortable this school year?
 | 🌕 | 🌕 |
| 1. Do adults at this school take action to solve the problem when students report bullying?
 | 🌕 | 🌕 |
| 1. Do any adults at this school bully students?
 | 🌕 | 🌕 |
| 1. Have you been bullied by an adult at this school this year?
 | 🌕 | 🌕 |

1. **Student Aggression**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. \* How often do you worry about violence at your school?
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. \* How often do students get into physical fights at your school?
 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

|  |
| --- |
| **Have any of the following happened to you personally at school this year?** *Mark one response per line.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | One Time | More than Once  | Many Times |
| 1. A student threatened to harm me.
 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. \* A student physically attacked, pushed, or hit me.
 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. \* I was in a physical fight on school property.
 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. \* A student stole or damaged my personal property.
 | 🌕 | 🌕 | 🌕 | 🌕 |

1. \* (*Ask only if answered something other than “Never” to any question 78-81.*) What do you believe motivated these actions? *Check all that apply*.

|  |  |
| --- | --- |
| 🌕 | My race or ethnicity |
| 🌕 | My academic abilities |
| 🌕 | My physical appearance |
| 🌕 | My having too little or too much money |
| 🌕 | My gender or gender identity |
| 🌕 | My sexual orientation |
| 🌕 | My disability |
| 🌕 | None of the above |
| 🌕 | I do not know |

1. \* Are there gangs at your school? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Do not know |

1. \* *(Ask only if answered “Yes” to question 83.)* Have gangs caused problems at your school this year (e.g., fights, sale of drugs)? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Do not know |

1. \* *(Ask only if answered “Yes” to question 83.)* Have you considered joining a gang this year? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

1. **School Resource and Security Officers**

|  |
| --- |
| **Use these definitions of a School Resource Officer and School Security Officer when answering the questions below.** * A **School Resource Officer (SRO)** is employed by the Police Department and is assigned to the school to assist with matters related to safety, security, and the law.
* A **School Security Officer (SSO)** is employed by the school division for the purpose of enforcing the school’s Code of Conduct by maintaining order and discipline, preventing crimes, and investigating violations of school board policies and school rules.
 |

1. Does your school have a School Resource Officer (SRO)? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Do not know |

1. *(Ask only if answered “No” or “Do not know” to question 86.)* Did your school have a School Resource Officer (SRO) in previous years? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Do not know |

1. *(Ask only if answered “No” or “Do not know” to question 86.)* Would you feel safer if your school had an SRO? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Do not know |

|  |
| --- |
| **How strongly do you agree or disagree with the following statements about this school?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *(Ask only if answered “Yes” to question 86.)* | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 87Y. The School Resource Officer (SRO) makes me feel safe at this school. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 88Y. The School Resource Officer (SRO) makes a positive contribution to our school. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

1. Does your school have a School Security Officer (SSO)? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Do not know |

1. *(Ask only if answered “No” or “Do not know” to question 89.)* Did your school have a School Security Officer (SSO) in previous years? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Do not know |

1. *(Ask only if answered “No” or “Do not know” to question 89.)* Would you feel safer if your school had an SSO? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Do not know |

|  |
| --- |
| **How strongly do you agree or disagree with the following statements about this school?** *Mark one response per line.* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *(Ask only if answered “Yes” to question 89.)* | Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
| 90Y. The School Security Officer (SSO) makes me feel safe at this school. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| 91Y. The School Security Officer (SSO) makes a positive contribution to our school. | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**SECTION IV: Well-being**

1. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

|  |
| --- |
| **How often over the last 2 weeks were you bothered by the following?** *Mark one response per line.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several days | More than half the days | Nearly every day |
| 1. Feeling nervous, anxious, or on edge
 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Not being able to stop or control worrying
 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Feeling down, depressed, or hopeless
 | 🌕 | 🌕 | 🌕 | 🌕 |
| 1. Having little interest or pleasure doing things
 | 🌕 | 🌕 | 🌕 | 🌕 |

1. When you feel sad or hopeless, are there adults that you can turn to for help?

|  |  |
| --- | --- |
| 🌕 | I never feel sad or hopeless |
| 🌕 | Yes |
| 🌕 | No |
| 🌕 | Not sure |

1. During the past 12 months, did you ever seriously consider attempting suicide?

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

|  |  |  |
| --- | --- | --- |
| *(Ask only if answered “Yes” to question 98.)* | Yes | No |
| 1. Did you ask for help from someone such as a doctor or counselor, either in-person or online?
 | 🌕 | 🌕 |
| 1. During the past 12 months, did you make a plan about how you would attempt suicide?
 | 🌕 | 🌕 |

1. *(Ask only if answered “Yes” to question 100.)* During the past 12 months, how many times did you actually attempt suicide?

|  |  |
| --- | --- |
| 🌕 | 0 Times |
| 🌕 | 1 Time |
| 🌕 | 2 or 3 Times |
| 🌕 | 4 or 5 Times |
| 🌕 | 6 or More Times |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. If another student talked about causing harm to themselves, I would tell an adult at school.
 | 🌕 | 🌕 |
| 1. Have you participated in any suicide prevention or mental health training?
 | 🌕 | 🌕 |

**SECTION V: Summary**

1. How positive or negative is the atmosphere of the school? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Very negative |
| 🌕 | Negative |
| 🌕 | Slightly negative |
| 🌕 | Slightly positive |
| 🌕 | Positive |
| 🌕 | Very positive |

1. How does your school’s atmosphere impact your learning? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | It has a very negative impact. |
| 🌕 | It has a negative impact. |
| 🌕 | It has a slightly negative impact. |
| 🌕 | It has no impact. |
| 🌕 | It has a slightly positive impact. |
| 🌕 | It has a positive impact. |
| 🌕 | It has a very positive impact. |

1. (*Ask only if did not answer “This is my first year at this school” to question 4.*) Since you have been at this school, how has the overall school atmosphere changed? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Become much worse |
| 🌕 | Become worse |
| 🌕 | Become slightly worse |
| 🌕 | Stayed about the same |
| 🌕 | Become slightly better |
| 🌕 | Become better |
| 🌕 | Become much better |

**SECTION VI: Concluding Questions**

1. How many days have you been absent from school this year? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | 0 days |
| 🌕 | 1-5 days |
| 🌕 | 6-10 days |
| 🌕 | More than 10 days |

1. How many days have you been suspended out of school this year? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | I have not been suspended from school this year. |
| 🌕 | I have been suspended for one day. |
| 🌕 | I have been suspended for two days. |
| 🌕 | I have been suspended for three days. |
| 🌕 | I have been suspended for four days. |
| 🌕 | I have been suspended five or more days. |

|  |
| --- |
| **The following questions are asked of all respondents to better understand whether groups of individuals experience school climate differently.**  |

1. How would you describe your gender? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Male |
| 🌕 | Female |
| 🌕 | Non-binary |
| 🌕 | Prefer not to disclose |

1. Is your ethnic background Hispanic or Latino? *Mark one.*

|  |  |
| --- | --- |
| 🌕 | Yes |
| 🌕 | No |

1. What is the best description of your race? *If you are more than one race, mark all that apply.*

|  |  |
| --- | --- |
| 🌕 | American Indian or Alaska Native |
| 🌕 | Asian |
| 🌕 | Black or African American |
| 🌕 | Native Hawaiian or Pacific Islander |
| 🌕 | White |
| 🌕 | Other Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Do you have any of the following educational plans? *Mark one response per line.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Do not know |
| Individual Education Plan (IEP) | 🌕 | 🌕 | 🌕 |
| Section 504 Plan | 🌕 | 🌕 | 🌕 |
| Limited English Proficiency (LEP) Plan | 🌕 | 🌕 | 🌕 |

1. How old are you? *Select your age from the dropdown menu.*

[Dropdown menu of ages, e.g., 10 years old to 20 years old]

A representative selection of health and wellness resources are provided below.

This is not an exhaustive list of local, state, and national resources that are available to you.

If you need help, contact one of these organizations or talk to a trusted adult or colleague.

*[List will appear in the online version of this survey.]*