

## Student Culture Survey 2016-17 (grades 4-12)

1. What grade are you in? *(multiple choice grade options 4-12 provided in online survey)*
2. What is your gender?
  - Female
  - Male
  - Other
3. What school do you attend? *(dropdown list of schools provided in online survey)*
4. Do you feel safe at school?
  - Yes, all of the time
  - Yes, most of the time
  - Yes, some of the time
  - No, never
5. Do you feel safe outside of school?
  - Yes, all of the time
  - Yes, most of the time
  - Yes, some of the time
  - No, never
6. In the last 12 months, how many times have you been pushed, shoved, slapped, hit, or kicked by someone at school who wasn't kidding around?
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or more times
7. In the last 12 months, how many times have you seen someone carrying a gun, knife, or other weapon at school who wasn't a police officer.
  - 0 times
  - 1 time
  - 2 or 3 times
  - 4 or more times
8. Do you feel academically challenged at school?
  - Yes, all of the time
  - Yes, most of the time
  - Yes, some of the time
  - No, never
9. What are your plans directly after high school?
  - Attend a 4-year college/university
  - Attend a 2-year community college
  - Attend a trade school (special program)
  - Enlist in the military
  - Go directly to work

10. Does the staff (teachers, administrators/principal, other adults) at school listen when you have something to say?

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- No, never

11. In the past 12 months, have you felt feelings of sadness or hopelessness and considered hurting yourself or others?

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- No, never

12. Does the staff (teachers, administrators/principal, other adults) treat students fairly at this school?

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- No, never

13. Does the staff (teachers, administrators/principal, other adults) at school care about you?

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- No, never

14. Is there an adult (teacher, administrator/principal, other adult) you trust at school to talk to when you're in need?

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- No, never

15. Are you involved in any activities (robotics, student council/ASB, music, sports, band, cheer, dance, or school clubs) at your school?

- Yes
- No

If your answer is yes, please list the activities:

16. If you have a school counselor at your school, do you access him/her if you have an academic or personal issue you want to talk about?

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- No, never
- I do not have a counselor at my school

17. Please share your ideas about how we can improve our schools: