

# 2024-25 School Experience Survey: Students

What grade are you in?\*

- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade

Please indicate how strongly you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I am happy to be at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I am part of this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel close to people at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The teachers at this school treat students fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers care if I'm absent from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel accepted for who I am at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how strongly you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Adults at this school treat all students with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in this school or in online school sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in the neighborhood around this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most kids at this school are kind to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I told a teacher or other adult at this school that another student was bullying me, he or she would try to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ (lesbian, gay, bisexual, transgender, and/or queer) students at this school are accepted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Choose one response from the options below that best describes you:**

- Straight
- Lesbian
- Gay
- Bisexual
- Other
- I don't know
- Prefer not to say

**Please indicate how many times during the past 30 days you have:**

	<b>0 times</b>	<b>1 time</b>	<b>2 or 3 times</b>	<b>4 or more times</b>
Had mean rumors or lies spread about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been teased about what your body looks like?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been made fun of because of your looks or the way you talk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been pushed, shoved, slapped, hit or kicked by someone who wasn't kidding around?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been bullied online?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual jokes, comments, or gestures made to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate how strongly you agree or disagree with the following statements.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither disagree nor agree</b>	<b>Agree</b>	<b>Strongly agree</b>
Students at this school know how they are expected to act.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults at this school clearly inform students what would happen if they break school rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Thinking about the past 30 days...*

**How often did you compliment others' accomplishments?**

- Almost all the time
- Often
- Sometimes
- Once in a while
- Almost never

*Thinking about the past 30 days...*

**How well did you get along with students who are different from you?**

- Got along extremely well
- Got along pretty well
- Got along somewhat
- Got along a little bit
- Did not get along at all

*Thinking about the past 30 days...*

**When others disagreed with you, how respectful were you of their views?**

- Extremely respectful
- Quite respectful
- Somewhat respectful
- Slightly respectful
- Not at all respectful

*Thinking about the past 30 days...*

**How clearly were you able to describe your feelings?**

- Extremely clearly
- Quite clearly
- Somewhat clearly
- Slightly clearly
- Not at all clearly

*Thinking about the past 30 days...*

**How carefully did you listen to other people's points of view?**

- Extremely carefully
- Quite carefully
- Somewhat carefully
- Slightly carefully
- Not at all carefully

**Please indicate how strongly you agree or disagree with the following statements.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither disagree nor agree</b>	<b>Agree</b>	<b>Strongly agree</b>
Students have a voice in decision making at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers encourage students to make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

There are lots of chances for students at my school to get involved in sports, clubs, or other school activities outside of class.	( )	( )	( )	( )	( )
I participate in extra-curricular activities offered through my school, such as school clubs or organizations, musical groups, sports teams, student government, or any other extra-curricular activities.	( )	( )	( )	( )	( )

Please answer how often you did the following during the past 30 days.

	<b>Almost never</b>	<b>Once in a while</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost all the time</b>
I came to class prepared.	( )	( )	( )	( )	( )
I remembered and followed directions.	( )	( )	( )	( )	( )
I got my work done right away instead of waiting until the last minute.	( )	( )	( )	( )	( )
I paid attention, even when there were distractions.	( )	( )	( )	( )	( )
I stayed calm, even when others bothered or criticized me.	( )	( )	( )	( )	( )

Please indicate how strongly you agree or disagree with the following statements.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither disagree nor agree</b>	<b>Agree</b>	<b>Strongly agree</b>
In my classes, my teachers tell me how I can make my work better.	( )	( )	( )	( )	( )
The teachers at this school grade me fairly.	( )	( )	( )	( )	( )
This school is a supportive and inviting place for students to learn.	( )	( )	( )	( )	( )
Adults at this school encourage me to work hard so I can be successful in college or at the job I choose.	( )	( )	( )	( )	( )

Teachers give students a chance to take part in classroom discussions or activities.	( )	( )	( )	( )	( )
Teachers go out of their way to help students.	( )	( )	( )	( )	( )

**Please indicate how true the following statements are for you.**

	<b>Not at all true</b>	<b>A little true</b>	<b>Somewhat true</b>	<b>Mostly true</b>	<b>Completely true</b>
I can change my intelligence with hard work.	( )	( )	( )	( )	( )
I can increase my intelligence by challenging myself.	( )	( )	( )	( )	( )
I am capable of learning anything.	( )	( )	( )	( )	( )
I can do well in a subject even if I am not naturally good at it.	( )	( )	( )	( )	( )

**Please indicate how confident you are about the following.**

	<b>Not at all confident</b>	<b>A little confident</b>	<b>Somewhat confident</b>	<b>Mostly confident</b>	<b>Completely confident</b>
I can earn high marks/grades in my classes.	( )	( )	( )	( )	( )
I can do well on all my tests, even when they're difficult.	( )	( )	( )	( )	( )
I can master the hardest topics in my classes.	( )	( )	( )	( )	( )
I can meet all the learning goals my teachers set.	( )	( )	( )	( )	( )

**Please indicate how strongly you agree or disagree with the following statements.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither disagree nor agree</b>	<b>Agree</b>	<b>Strongly agree</b>
Adults at my school have talked to me about what to do if someone makes me feel uncomfortable.	( )	( )	( )	( )	( )

There is an adult at my school whom I trust and can talk to no matter what is bothering me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is at least one adult at my school who supports me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers make learning fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers at my school know me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**My internet works well at home**

- Yes
- No
- I don't have internet at home

**What is the highest level of education that you plan to complete?**

- I do not plan to complete high school
- Complete high school
- Technical/vocational school certificate
- Two-year college degree - A.A.
- Four-year college degree - B.A./B.S.
- Graduate degree - M.A./M.S./Ed.D./Ph.D./M.D./J.D.
- I am unsure of my plans

**Please indicate how strongly you agree or disagree with the following statements.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither disagree nor agree</b>	<b>Agree</b>	<b>Strongly agree</b>
Adults at this school have helped me learn the details of getting into college (completing applications, financial aid, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**How did you travel TO school this morning?**

- Walk
- Bike, Skateboard, Scooter
- School Bus
- Family Car
- Carpool (students from different families ride together)
- Taxi, Uber/Lyft
- METRO/Dash Bus or METRO Train

**How will you travel when you LEAVE school this afternoon?**

- Walk
- Bike, Skateboard, Scooter
- School Bus
- Family Car
- Carpool (students from different families ride together)
- Taxi, Uber/Lyft
- METRO/Dash Bus or METRO Train

Do you have access to a computer or tablet that you can use at home for schoolwork...

	Yes	No	I don't know
during the school year?	( )	( )	( )

How true are the following statements about you?

	Not at all true	A little true	Somewhat true	Mostly true	Completely true
I like solving math problems.	( )	( )	( )	( )	( )
I like math.	( )	( )	( )	( )	( )
I think math is interesting.	( )	( )	( )	( )	( )

How true are the following statements about you?

	Not at all true	A little true	Somewhat true	Mostly true	Completely true
When I try hard enough, I can do difficult math problems.	( )	( )	( )	( )	( )
If I put in enough effort, I can do well in math.	( )	( )	( )	( )	( )

How true are the following statements about you?

	Not at all true	A little true	Somewhat true	Mostly true	Completely true
My teacher thinks I'm good at math.	( )	( )	( )	( )	( )
Math is easy for me.	( )	( )	( )	( )	( )
I am good at math.	( )	( )	( )	( )	( )

**How true are the following statements about you?**

	<b>Not at all true</b>	<b>A little true</b>	<b>Somewhat true</b>	<b>Mostly true</b>	<b>Completely true</b>
I think it is important to do well in math.	( )	( )	( )	( )	( )
I need to do well in math to get into college.	( )	( )	( )	( )	( )
I need to do well in math so that I have more job opportunities as an adult.	( )	( )	( )	( )	( )

**How true are the following statements about you?**

	<b>Not at all true</b>	<b>A little true</b>	<b>Somewhat true</b>	<b>Mostly true</b>	<b>Completely true</b>
I complete my math homework on time.	( )	( )	( )	( )	( )
I study hard for math tests.	( )	( )	( )	( )	( )
I feel nervous when I work on math assignments in class.	( )	( )	( )	( )	( )
I feel nervous when I do my math homework.	( )	( )	( )	( )	( )

**Are you on a sports team at your high school this school year?**

- ( ) Yes, I was on a team this fall
- ( ) Yes, I am on a team this winter
- ( ) Yes, I will be on a team this spring
- ( ) No

**Did you participate in a sports team at your school last spring (2024)?**

- ( ) Yes
- ( ) No

**Are you interested in participating on a sports team at your school?**

- ( ) Yes
- ( ) No



**Which sport(s) are you most interested in participating in?**

*Mark up to three*

- Badminton
- Baseball
- Basketball
- Beach Volleyball
- Competitive Cheer
- Cross Country
- Field Hockey
- Football
- Golf
- Gymnastics
- Lacrosse
- Skiing & Snowboarding
- Soccer
- Softball
- Swimming & Diving
- Tennis
- Track & Field
- Volleyball
- Water Polo
- Wrestling
- Other

**Which sports team did you participate in most recently at this school?**

- Badminton
- Baseball
- Basketball
- Beach Volleyball
- Competitive Cheer
- Cross Country
- Field Hockey
- Football
- Golf
- Gymnastics
- Lacrosse
- Skiing & Snowboarding
- Soccer
- Softball
- Swimming & Diving
- Tennis
- Track & Field
- Volleyball
- Water Polo
- Wrestling
- Other

**Please think about the sports team you participated in most recently.**

	No	Kind of	Yes
Does your school have the equipment you need to participate in your sport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your school have the facilities you need (court/field, pool, locker rooms, etc.) to participate in your sport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your team have good enough transportation (buses) to travel to competitions away from the school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your school provide recognition, publicity, or promotion for your team/sport (pep rallies, morning announcements, posters, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Does your sports team have a coach?**

- Yes
- Sometimes
- No

**How many days a week do you practice with your school sports team?**

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

**Does your school allow your team to fundraise for your sport?**

- Yes
- No