

PUBLIC RECORDS REQUEST FORM

The Tennessee Public Records Act (TPRA) grants Tennessee citizens the right to access open public records that exist at the time of the request. The TPRA does not require records custodians to compile information or create or recreate records that do not exist.

(Governmental Entity Name and Name and Contact Information for the Public Records Request Coordinator)

To: **Jefferson County Schools**

(Insert Requestor's Name and Contact Information (include an address for any TPRA required written response))

From: **David Seal**

Is the requestor a Tennessee citizen? Yes No

Request: Inspection (The TPRA does not permit fees or require a written request for inspection only.)
 Copy/Duplicate

If costs for copies are assessed, the requestor has a right to receive an estimate. Do you wish to waive your right to an estimate and agree to pay copying and duplication costs in an amount not to exceed \$See Note _____? If so, initial here: See Note

Delivery preference: On-Site Pick-Up USPS First-Class Mail
 Electronic Other: _____

Records Requested:

Provide a detailed description of the record(s) requested, including: (1) type of record; (2) timeframe or dates for the records sought; and (3) subject matter or key words related to the records. Under the TPRA, record requests must be sufficiently detailed to enable a governmental entity to identify the specific records sought. As such, your record request must provide enough detail to enable the records custodian responding to the request to identify the specific records you are seeking.

A copy of the text of the Student Survey Questions that will be administered to students from November 28 to December 2. Specifically the survey that is described on your district website described as follows "Core Measures Survey of students in grades 6, 8, 10 and 12 surrounding substance use."

Cost Estimate Requested

[Signature]
Signature of Requestor and Date Submitted

[Signature] *October 31, 2022*
Signature of Public Records Request Coordinator and Date Received

Print Form Reset Form

¹ Note, Tenn. Code Ann. § 10-7-504(a)(2)(C) permits charging for redaction of private records of a utility.

Student Core Measures Survey

Thank you for participating in this survey. The following questions are about your thoughts and feelings on a number of subjects about which we would like to know your opinions. There is no right or wrong answer and everything you say is completely confidential. That means that no one will ever know your individual responses. Please answer the survey honestly. Thank you for being an important part of this project!

*** 1. What is your gender?**

- Male
- Female
- Prefer to self-describe, below

*** 2. What grade are you in?**

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

*** 3. How do you identify your race and ethnicity? (Select all that apply.)**

- Black or African American
- White or Caucasian
- Asian or Pacific Islander
- American Indian or Alaskan Native
- More than one race
- Hispanic or Latino
- I prefer not to answer
- Other (please specify)

*** 4. During the past 30 days:**

	Yes	No
Did you use part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>
Did you use an e-cigarette, e-cigar, e-hookah, or vape pen?	<input type="radio"/>	<input type="radio"/>
Did you use smokeless tobacco (dip, snuff, chew, snus)?	<input type="radio"/>	<input type="radio"/>
Did you drink one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>
Have you used marijuana or hashish (weed, pot, dab, wax, edibles)?	<input type="radio"/>	<input type="radio"/>
Have you used any prescription drugs not prescribed to you (Adderall, Xanax, OxyContin, etc.)?	<input type="radio"/>	<input type="radio"/>
Have you used any prescription opioids (pain relievers) not prescribed to you?	<input type="radio"/>	<input type="radio"/>
Have you used heroin?	<input type="radio"/>	<input type="radio"/>
Have you used cocaine?	<input type="radio"/>	<input type="radio"/>
Have you used methamphetamine?	<input type="radio"/>	<input type="radio"/>

*** 5. How much do you think people risk harming themselves physically or in other ways if they:**

	No risk	Slight risk	Moderate risk	Great risk
Use one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use e-cigarettes, e-cigars, e-hookahs, or vape pens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco (dip, snuff, chew, snus)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco products not listed (dissolvable products, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks of an alcoholic beverage (beer, coolers, liquor) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take one or two drinks of an alcoholic beverage (beer, coolers, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (weed, pot, dab, wax, edibles) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (weed, pot, dabs, wax, edibles) every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs that are not prescribed to them (Adderall, Xanax, OxyContin, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription opioids (pain relievers) in a manner other than a doctor prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 6. How do you feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?**

- Neither approve nor disapprove
- Somewhat disapprove
- Strongly disapprove
- Don't know/Can't say

*** 7. How wrong do your friends feel it would be for you to:**

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Use cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use e-cigarettes, e-cigars, e-hookahs, or vape pens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco (dip, snuff, chew, snus)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco products not listed (dissolvable products, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (weed, pot, dab, wax, edibles)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you (Adderall, Xanax, OxyContin, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription opioids (pain relievers) in a manner other than a doctor prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 8. How wrong do your parents feel it would be for you to:**

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Use cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use e-cigarettes, e-cigars, e-hookahs, or vape pens?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use smokeless tobacco (dip, snuff, chew, snus)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco products not listed (dissolvable products, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (weed, pot, dab, wax, edibles)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you (Adderall, Xanax, OxyContin, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription opioids (pain relievers) in a manner other than a doctor prescribed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use heroin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use cocaine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use methamphetamine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 12. What do you do to stay healthy? (Select all that apply.)**

- Regular exercise
- Healthy diet with fruits and vegetables
- Counting calories
- Practice mindfulness
- Meditation
- Play sports
- Socialize
- Limit sugar and salt intake
- Avoid alcohol and other drugs
- Visit my doctor for wellness checks
- Other (please specify)

*** 13. What coping mechanisms do you use when you feel stress? (Select all that apply.)**

- Exercise
- Eat
- Read
- Talk to a friend/family member
- Watch a show/movie
- Writing/journaling
- Listen to music
- Yoga
- Meditation
- Mindfulness
- Deep breaths
- Play video games
- Walk in nature/hiking
- Other (please specify)

*** 14. Do you participate in any of the following? Check all that apply:**

- School sports
- Organized sports outside of school
- School band or orchestra
- School clubs
- Community clubs
- Other (please specify)

*** 15. Did you answer all the questions on this questionnaire honestly?**

Yes

No

Mostly

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(Governmental Entity Name and Name and Contact Information for the Public Records Request Coordinator)

To: **Jefferson County Schools**

(Insert Requestor's Name and Contact Information (include an address for any TPRA required written response))

From: **David Seal**

Is the requestor a Tennessee citizen? Yes No

Request: Inspection (The TPRA does not permit fees or require a written request for inspection only.)

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If costs for copies are assessed, the requestor has a right to receive an estimate. Do you wish to waive your right to an estimate and agree to pay copying and duplication costs in an amount not to exceed \$See Note? If so, initial here: See Note

*No Charge
done within
the 1 1/2 hour
RS*

Delivery preference: On-Site Pick-Up
 Electronic

USPS First-Class Mail
 Other: _____

Records Requested:

Provide a detailed description of the record(s) requested, including: (1) type of record; (2) timeframe or dates for the records sought; and (3) subject matter or key words related to the records. Under the TPRA, record requests must be sufficiently detailed to enable a governmental entity to identify the specific records sought. As such, your record request must provide enough detail to enable the records custodian responding to the request to identify the specific records you are seeking.

A copy of the text of the questions that will be given to students on "School Climate Survey"

A copy of the Parental Permission Form is included in the email of this request.

To clarify, I am NOT asking for the "Parent" version of the survey; specifically, I am asking for the text of the survey given to students.

Cost estimate requested prior to processing.

Transmit response via email

David Seal March 27, 2022 *Ronda Sparks* 4/5/22
Signature of Requestor and Date Submitted Signature of Public Records Request Coordinator and Date Received

Print Form

Reset Form



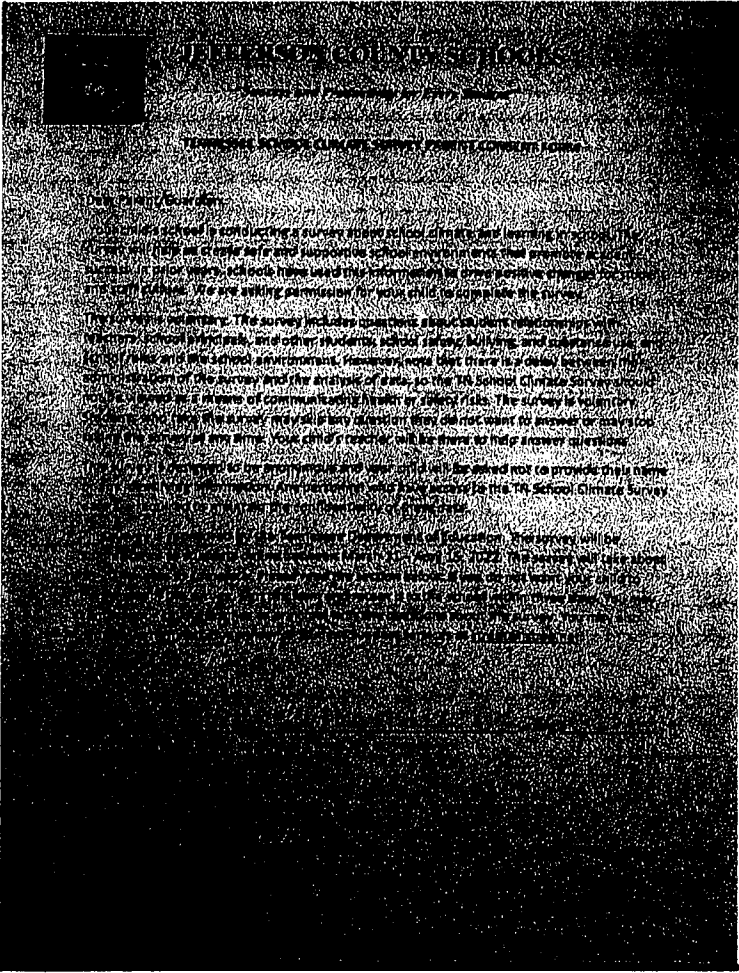
Records Request for Student Climate Survey

David Seal [Redacted]
To: Ronda Sparks <rsparks@jcboe.net>
Cc: ctrent@jcboe.net

Sun, Mar 27, 2022 at 7:43 PM

I am requesting a copy of the School Climate Survey that is being given to students.

Please see attached file for the formal request. A copy of the Parental Permission Letter is being provided to identify. To clarify, I am asking for the text of the version given to our students.
David Seal



records request student survey march 2022.pdf
962K

Elementary School Student Survey

This survey will tell us how you feel about your school. Your answers will help us learn what makes school a good place to be, and how we can make it better. No one will be able to see how you answered. In your answers, please do NOT include your name or any other information that identifies you or anyone else. Please be honest and tell us what you really think. This survey is VOLUNTARY. This means that you do not have to take this survey, you do not have to answer any question that makes you feel uncomfortable. You may stop taking the survey at any time. Thank you for your help. If you have any questions or need anything during the survey, you may ask your teacher for help. Please start with the survey now by clicking on the Continue button below.

Please tell us what grade you are in.

1. 3rd grade
2. 4th grade
3. 5th grade
4. 6th grade
5. 7th grade
6. 8th grade

Please tell us your race. You may choose a minimum of one or as many as apply.

1. African American
2. Asian/Pacific Islander
3. Hispanic
4. Native American/Alaska Native
5. White
6. Other
7. Prefer not to answer.

Please indicate your gender.

1. Female
2. Male
3. Prefer not to answer.

These questions ask about your school and the things that you like about it, and the things you don't like. There are no right or wrong answers. Please read each statement below and tell us how true each statement is for you. Your answers are very important. Thank you for your help.

Please mark how true these statements are about STUDENTS at your school.

Most students at my school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
1...care about each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...get along with students who are different from them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...try to help each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...are nice to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how true these statements are about TEACHERS at your school.

I have at least one teacher at my school who...

	Yes, very true	Yes, sort of true	I'm not sure	No, not really true	No, not at all true
5...cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6...thinks I can do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...would help me if I was feeling sad or angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...I can go to if I feel unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how true these statements are about the PRINCIPAL or ASSISTANT PRINCIPAL at your school.

There is a Principal or Assistant Principal at my school who...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
9...students will go to if they have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...cares about students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...gets to know the students at my school well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...listens to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how true these statements are about your PARENT(s) or GUARDIAN(s).

My parents or the adults who I live with at home...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
13...talk to me about my school day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14...help me with my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15...spend time at my school or in my classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16...talk with my teachers often.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how true these statements are for YOU.

I feel like...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
17...I am safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18...this is a good school for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19...I like to go to school most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20...this school is a good place to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to know about bullying at your school. Bullying is when someone does something mean to you on purpose more than one time to hurt you or to hurt your feelings. These questions below are examples of bullying. We would like to know how many times these things happened to you this school year.

This school year, how many times has someone from your school...

	Almost Everyday	Once or Twice a Week	Once or Twice a Month	Once or Twice this School Year	Never
21...made fun of you or called you names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22...said mean things about you to other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23...said they wanted to hurt you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24...pushed you, shoved you, tripped you, or spit on you on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25...tried to make you do things you didn't want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26...told you that you couldn't play with them or be part of a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27...damaged something that belongs to you on purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28...bullied you in any way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how true these statements are for YOU.

I think that...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really	No, Not at all True
29...I would tell a teacher or other adult if another student was bullying me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30...my teachers would do something to help if I told them I was being bullied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please mark how true these statements are about STUDENTS at your school.

Students at my school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
31...fight a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32...take things that don't belong to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33...damage things that don't belong to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34...say they are going to hurt other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35...do things that hurt other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how true these statements are about ADULTS at your school.

I think that the adults at this school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
36...let everyone know what the rules are ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37...let students help make the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38...make rules that are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39...treat everybody fairly if they break a rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40...tell you why you are in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41...give you a chance to explain your side of the story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42...help you learn from your mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how true these statements are about TEACHERS at your school.

I think that the teachers at this school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
43...know when I have trouble learning something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44...try to help everyone do their best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45...tell me when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46...give me a chance to fix mistakes on my school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47...make learning fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how true these statements are about your SCHOOL.

I think that the place where I go to school...

	Yes, Very True	Yes, Sort of True	I'm Not Sure	No, Not Really True	No, Not at all True
48...is clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49...is comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50...looks nice on the outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Please tell us if there is anything else about your school that you would like to share with us.

--

Middle School Student Survey

This survey will help us to know how you feel about your school. Your responses will help us understand more about what makes school a good place to be, and how changes could possibly improve it. No one will be able to see how you answered. In your answers, please do NOT include your name or any other information that identifies you or anyone else. Please be honest in your answers and tell us what you really think. This survey is VOLUNTARY. You do not have to take this survey, although we hope that you will choose to do so. If you choose to voluntarily take this survey, you do not have to answer any question that makes you feel uncomfortable, and you may stop taking the survey at any time. Thank you for your help. If you have any questions during this survey, please feel free to ask the survey administrator who will explain the purposes of the survey, provide instructions for completing the survey, and be in the room to assist you if needed. Please start with the survey now by clicking on the Continue button below.

Please tell us what grade you are in.

1. 5th grade
2. 6th grade
3. 7th grade
4. 8th grade

Please indicate your race. You may choose a minimum of one or as many as apply.

1. African American
2. Asian/Pacific Islander
3. Hispanic
4. Native American/Alaska Native
5. White
6. Other
7. Prefer not to answer.

Please indicate your gender.

1. Female
2. Male
3. Prefer not to answer.

The first set of questions ask about your experiences at school, how you are treated, what you like and what you don't like. There are no right or wrong answers. Give us your first impression concerning how much you agree or disagree that these statements describe your school this year. Your opinions are important and will be used to help design programs and services for your school. We need your ideas and experience to do this. Thank you for your help!

Please mark how much you AGREE or DISAGREE with these statements about your TEACHERS at school.

Most of my teachers...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1...notice if I have trouble learning something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...often connect what I am learning to life outside the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...challenge all students to do their personal best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...praise me when I work hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5...allow me to revise my work to learn from my mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6...assign creative work that allows me to think for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...help me get excited about what I am learning in my classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...give me individual attention when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have AT LEAST ONE teacher who...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
9...takes the time to listen to what I have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...knows me well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...has confidence in me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13...is available to me when I need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14...will try to help me when I am feeling sad, angry, or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15...I can go to if I feel unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about your SCHOOL.

I feel like...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
16...this school is a place where I can learn and do well in my classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17...what I'm learning in my classes will be important for my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18...my teachers have helped me improve my study skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19...I can understand difficult concepts with the help of my teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20...my teachers will help me succeed in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about HOW YOU FEEL ABOUT YOUR SCHOOL.

I feel like...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
21...this school is a good match for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22...I am safe at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23...I look forward to going to school most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24...I am a part of this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about STUDENTS at your school.

Students at my school...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
25...care about each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26...respect each other's differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27...try to protect each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28...trust each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29...cooperate with one another when working on schoolwork together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30...are often friends with students from different races, religions, and cultures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31...are easy to get to know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about the PRINCIPAL or ASSISTANT PRINCIPAL at your school.

At my school, there is a principal or assistant principal who...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
32...is easy to approach if I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33...treats students with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34...listens to student ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about your PARENT(s) or GUARDIAN(s).

My parent(s) or guardian(s)...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

			Disagree		
35...are involved in my school life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36...know what my grades are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37...regularly attend school events, such as sporting events (e.g., football games, soccer games) or student performances (e.g., plays, musical performances).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38...talk to my teachers (e.g. in person, over the phone, by email).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next two questions ask about SCHOOL EVENTS and EXTRA CURRICULAR TEAMS, CLUBS, or ACTIVITIES that you attend or participate in at school. Please mark how much you AGREE or DISAGREE with the following statements.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
39. I regularly attend school-sponsored events, such as, school dances, sporting events, student performances, or other school activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I regularly 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about STUDENTS at your school.

Students at my school...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
41...carry guns or knives to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42...are in gangs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43...threaten to hurt other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44...steal money, electronics, or other valuable things while at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45...damage or destroy other student's property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46...damage or destroy school property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47...fight a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48...are sometimes physically hurt by their boyfriends or girlfriends while at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I think that...

	Strongly Agree	Agree	Neither Disagree Nor Agree	Disagree	Strongly Disagree
49...Students know what to do if there is an emergency, natural disaster (tornado, flood) or a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

dangerous situation (e.g., violent person on campus) during the school day.					
50...If students hear about a threat to school or student safety, they would report it to someone in authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions asks about things that student do at school that make you feel bad or are hurtful to you. Please mark HOW FREQUENTLY these things have happened to you. During this school year, how often has anyone called you an insulting or bad name at school having to do with...

	Almost Everyday	Once or Twice a week	Once or Twice a Month	Once or twice this school year.	Never
51...your race or ethnic background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52...your religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53...any disability you may have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54...your relationship with your boyfriend or girlfriend while at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55...how much money your family makes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56...your weight or physical appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would like to know about any bullying that happens at your school. Bullying can be defined as unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally and excluding someone from a group on purpose. Cyberbullying is bullying that takes place using devices and equipment such as cell phone, computers, and tablets as well as communication tools including social media sites, text messages, chat, and websites. During this school year, how many times has someone from your school...

	Almost Everyday	Once or Twice a week	Once or Twice a month	Once or Twice this school year	Never
57...made fun of you, called you names, or insulted you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58...spread rumors about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59...threatened you with harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60...pushed you, shoved you, tripped you or spit on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61...tried to make you do things you did not want to do, for example, give them money or other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62...excluded you from activities on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63...destroyed your property on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64...posted hurtful information about you on the Internet, threatened or insulted you online (e.g., using email, instant messaging, text messaging, or online gaming), or purposefully excluded you from an online community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65...bullied you in any way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with the following statements.

I think that...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
66...if another student was bullying me, I would report it to a teacher or other adult at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67...if I told a teacher or other adult at this school that I was being bullied, the teacher would do something to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next, please mark how much you AGREE or DISAGREE with these statements about your SCHOOL.

I feel like...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
68...adults at this school follow the rules and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69...the school rules have been communicated to me clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70...adults in this school apply the same rules to all students equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71...the students and teachers here try to decide together what the class rules will be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72...if you get in trouble in this school, you have a chance to tell your side of the story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73...if you break the rules, adults in this school will help you learn from your mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74...when a student gets in trouble at this school, an adult explains to them why they are getting punished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75...students at this school get punished equally when they break the same school rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I feel like...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
76...the noise level at this school makes it hard for me to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77...I get distracted from my work by other students acting out in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I think that...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
78...students are proud of how the school looks on the outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79...there is a place on the school campus where students can display trophies and awards, or post projects that they have worked on, such as poster presentations, paintings, or drawings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80...my school provides opportunities for me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

express myself.					
81...the school grounds look like they are well-maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about YOUR PLANS FOR THE FUTURE.

I think that...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
82...I will definitely graduate from high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83...I will continue my education after high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This past school year...

	Mostly A's	Mostly B's	Mostly C's	Mostly D's	Mostly F's
84...I would describe my grades as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85. Please tell us if there is anything else about your school experience that you would like to share with us. Please enter your response in the space below.

High School Student Survey

This survey will help us to know how you feel about your school. Your responses will help us understand more about what makes school a good place to be, and how changes may be made to improve it. No one will be able to see how you answered. In your answers, please do NOT include your name or any other information that identifies you or anyone else. Please be honest in your answers and tell us what you really think. This survey is VOLUNTARY. You do not have to take this survey, although we hope that you will chose to do so. If you chose to voluntarily take this survey, you do not have the answer any question that makes you feel uncomfortable, and you may stop taking the survey at any time. Thank you for your help. If you have any questions during the survey, please feel free to ask the survey administrator who will explain the purposes of the survey, provide instructions for completing the survey, and be in the room to assist you if needed. Please start with the survey now by clicking on the Continue button below.

Please indicate your grade.

1. 9th Grade
2. 10th Grade
3. 11th Grade
4. 12th Grade

Please indicate your race (choose a minimum of one, or as many as apply).

1. African American
2. Asian/Pacific Islander
3. Hispanic
4. Native American/Alaskan Native
5. White
6. Other
7. Prefer not to answer.

Please indicate your gender.

1. Female
2. Male
3. Prefer not to answer.

The first set of questions ask about your experiences at school, how you are treated, what you like and what you don't like. There are no right or wrong answers. Give us your impression concerning how much you agree or disagree that these statements describe your school this year. Your opinions are important and will be used to help design programs and services for your school. We need your ideas and experience to do this. Thank you for your help.

Please mark how much you AGREE or DISAGREE with these statements about your TEACHERS at school.

Most of my teachers...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
1...notice if I have trouble learning something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2...often connect what I am learning to life outside the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3...challenge all students to do their personal best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4...praise me when I work hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5...allow me to revise my work to learn from my mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6...assign creative work that allows me to think for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7...help me get excited about what I am learning in my classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8...give me individual attention when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have AT LEAST one teacher who...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
9...takes time to listen to what I have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10...cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11...knows me well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12...has confidence in me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13...is available to me when I need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14...will try to help me when I am feeling sad, angry, or depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15...I can go to if I feel unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements at your SCHOOL.

I feel like...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree

16...this school is a place where I can learn and do well in my classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17...what I'm learning in my classes will be important for my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18...my teachers have helped me improve my study skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19...I can understand difficult concepts with the help of my teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20...my teachers will help me graduate from high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about HOW YOU FEEL ABOUT YOUR SCHOOL.

I feel like...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
21...this school is a good match for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22...I am safe at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23...I look forward to going to school most days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24...I am a part of this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about STUDENTS at your school.

Students at my school...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
25...care about each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26...respect each other's differences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27...try to protect each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28...trust each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29...cooperate with one another when working on schoolwork together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30...are often friends with students from different races, religions and cultures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31...are easy to get to know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about the PRINCIPAL or ASSISTANT PRINCIPAL at your school.

At my school, there is a principal or assistant principal who...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32...is easy to approach if I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33...treats students with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34...listens to student ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about your PARENT(s) or GUARDIAN(s).

My parent(s) or guardian(s)...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
35...are involved in my school life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36...know what my grades are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37...regularly attend school events, such as sporting events (e.g., football games, soccer games) or student performances (e.g., plays, musical performances).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38...talk to my teachers (e.g., in person, over the phone, by email).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next two questions ask SCHOOL EVENTS and EXTRA-CURRICULAR TEAMS, CLUBS, or ACTIVITIES that you attend or participate in at school. Please mark how much you AGREE or DISAGREE with the following statements.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
39. I regularly attend school-sponsored events such as school dances, sporting events, student performances, or other school activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I regularly 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about STUDENTS at your school.

Students at my school...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
41...carry guns or knives to school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42...are in gangs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43...threaten to hurt other students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44...steal money, electronics, or other valuable things while at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45...damage or destroy other student's property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46...damage or destroy school property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47...fight a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48...are sometimes physically hurt by their boyfriends or girlfriends while at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How strongly do you agree or disagree with the following statements about your school?

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
49...Students know what to do if there is an emergency, natural disaster (tornado, flood) or a dangerous situation (e.g., violent person on campus) during the school day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50...If students hear about a threat to school or student safety, they would report it to someone in authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions asks about things that students do at school that make you feel bad or are hurtful to you. Please mark HOW FREQUENTLY these things have happened to you.

During this school year, how often has anyone call you an insulting or bad name at school having to do with...

	Almost everyday	Once or twice a week	Once or twice a month	Once or twice this school year	Never
51...your race or ethnic background?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52...your religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53...any disability you may have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54...your relationship with boyfriend or girlfriend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55...how much money your family makes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56...your weight or physical appearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would also like to know about any bullying that happens at your school. Bullying can be defined as unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose. Cyberbullying is bullying that takes place using devices and equipment such as cell phones, computers, and tablets as well as communication tools including social media sites, text messages, chat and websites. During this school year, how many times has someone from your school...

	Almost everyday	Once or twice a week	Once or twice a month	Once or twice this school year	Never
57...made fun of you, call you names or insulted you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58...spread rumors about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59...threatened you with harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60...pushed you, shoved you, tripped you, or spit on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61...tried to make you do things you did not want to do, for example, give them money or other things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62...excluded you from activities on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63...destroyed your property on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64...posted hurtful information about you on the internet, threatened or insulted you online (e.g., using email, instant messaging, text messaging, or online gaming) or purposefully excluded you from an online community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65...bullied you in any way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with the following statements.

I think that...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
66...if another student was bullying me, I would report it to a teacher or other adult at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67...if I told a teacher or other adult at this school that I was being bullied, the teacher would do something to help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next, please mark how much you AGREE or DISAGREE with these statements about your SCHOOL.

I feel like...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
68...adults at this school follow the rules and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69...the school rules have been communicated to me clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70...adults in this school apply the same rules to all students equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71...the students and teachers here try to decide together what the class rules will be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72...if you get in trouble in this school, you have a chance to tell your side of the story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73...if you break the rules, adults in this school will help you learn from your mistake.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74...when a student gets in trouble at school, an adult explains to them why they are getting punished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75...students at this school get punished equally when they break the same school rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I feel like...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
76...the noise level at this school makes it hard for me to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77...I get distracted from my work by other student's acting out in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I think that...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
78...students are proud of how the school looks on the outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79...there is a place on the school campus where students can display trophies and awards, or post projects that they have worked on, such as poster presentations, paintings, or drawings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80...my school provides opportunities for me to express myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81...the school grounds look like they are well-maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about YOUR PLANS FOR THE FUTURE.

I think that...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
82...I will definitely graduate from high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83...I will continue my education after high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This past school year...

	Mostly A's	Mostly B's	Mostly C's	Mostly D's	Mostly F's
84...I would describe my grades as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark how much you AGREE or DISAGREE with these statements about your SCHOOL.

I think that...

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
85...students use/try tobacco products while at school or school sponsored events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86...students use/try alcohol or drugs while at school or school sponsored events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87...students buy or sell drugs, alcohol, or tobacco products while at school or school sponsored events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88...students are sometimes distracted in class because they are drunk or high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89...it is easy for students to use/try alcohol or drugs at school or school sponsored events without getting caught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90...it makes me uncomfortable when other students bring drugs or alcohol to school or school-sponsored events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

91. Please tell us if there is anything else about your school experience that you would like to share with us. Please enter your response in the space provided.



SEL Surveys

1 message

To: David Seal 

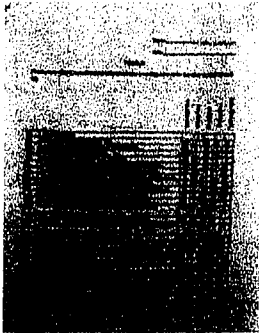
Sun, Aug 14, 2022 at 9:03 PM

I attached copies of both survey assignments:

- All About Me
- Value ID

They came from  campus.

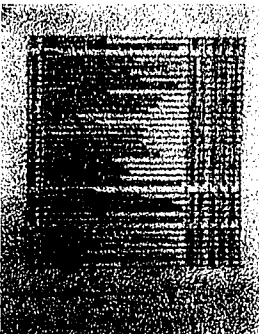
6 attachments



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602K

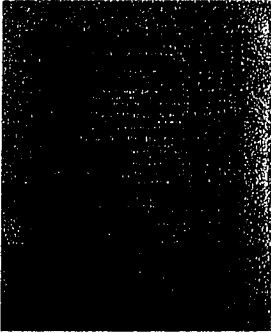
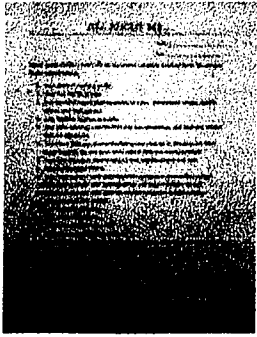


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ALL ABOUT ME...

Name _____

Date _____

Recall these events in your life and type your answers in essay form. One to two pages is appropriate.

1. Your earliest memory in life.
2. Your first day at school.
3. An important event that happened in each: elementary school, middle school, and high school.
4. Your favorite teacher and why.
5. Your pets- starting with the first one you remember, and then any others that are significant.
6. Describe a time you remember being punished up to 10 years old, then again from 11-13, and your most recent time you were punished.
7. Your best friends in elementary school, middle school, and now.
8. First boyfriend/girlfriend.
9. Your feeling about your parents when you were in elementary school.
10. Your feeling about your parents when you were in middle school.
11. Your feeling about your parents now when you are in high school.
12. Every place you have lived.
13. Your happiest memory.
14. Your saddest memory.
15. List all the jobs you have had.
16. List any awards you have received.
17. Think about your grades over the past ten year. Have they went improved or gone down? Are you enjoying school more or less?
18. Your church attendance: has it remained the same, declined, or increased?

Conclusion

19. How are you changing?
20. Are you happy with the changes you see?

Name _____

Date _____

VALUES ID

Please read and rank each of the following statements according to the value you place on them in your life.

#	Value Statement	Definitely True	Mostly True	Undecided	Mostly False	Definitely False
1	I have a physical checkup every year.	10	7	5	3	0
2	I will take my children to church services regularly.	10	7	5	3	0
3	I enjoy attending musical concerts.	10	7	5	3	0
4	It is important to me to have a lot of friends.	10	7	5	3	0
5	I donate time and money to charities that I feel are worthwhile.	10	7	5	3	0
6	I envy the way celebrities are recognized everywhere they go.	10	7	5	3	0
7	I would like to have enough money to retire from work at 50 years old.	10	7	5	3	0
8	I prefer to spend time with my family than with my friends.	10	7	5	3	0
9	I enjoy making decisions that affect not only me, but others as well.	10	7	5	3	0
10	If I had the talent, I would enjoy writing songs and lyrics.	10	7	5	3	0
11	I have a close relationship with at least one of my parents.	10	7	5	3	0
12	I have taken an active part in my church. (Teaching, missions, volunteer)	10	7	5	3	0
13	I am willing to tutor students who are struggling in school.	10	7	5	3	0
14	Even without extra pay, I would rather be the "boos" than just another worker.	10	7	5	3	0
15	I have a special appreciation for beautiful things.	10	7	5	3	0
16	I would love to appear regularly on television.	10	7	5	3	0
17	I would like to counsel people to help them with their problems.	10	7	5	3	0
18	I would enjoy associating with movie stars and other celebrities.	10	7	5	3	0
19	I have a dental checkup at least once a year.	10	7	5	3	0
20	I enjoy writing short stories and poetry.	10	7	5	3	0
21	I prefer to spend a summer working than going on a vacation.	10	7	5	3	0
22	I like to go to parties and other social events.	10	7	5	3	0
23	I think it would be fun to write a play or script for television.	10	7	5	3	0
24	I believe in God.	10	7	5	3	0
25	I prefer to be a club officer or president than just a club member.	10	7	5	3	0
26	I would choose to spend money on needed dental work than on a vacation.	10	7	5	3	0

27	I enjoy giving presents to my family.	10	7	5	3	0
28	If I were a teacher, I would choose to teach poetry rather than math.	10	7	5	3	0
29	I daydream about the things I would do if I had the money.	10	7	5	3	0
30	I enjoy hosting parties.	10	7	5	3	0
31	I am willing to write letters or cards to the sick or elderly.	10	7	5	3	0
32	It would be very satisfying to act in movies or television.	10	7	5	3	0
33	When I feel ill, I try to see a doctor.	10	7	5	3	0
34	I believe that tithing (giving 1/10 th of my earnings to God) is one's duty.	10	7	5	3	0
35	I enjoy quality conversations at the family meal time.	10	7	5	3	0
36	I enjoy visiting art museums.	10	7	5	3	0
37	I like to write poetry.	10	7	5	3	0
38	I like to be around other people.	10	7	5	3	0
39	I am the decision maker when deciding where to go or what to do when I'm out with friends.	10	7	5	3	0
40	Someday I would like to live in a large, expensive home.	10	7	5	3	0
41	I pray to God regularly.	10	7	5	3	0
42	If I knew a family didn't have enough food, I would do my best to help them.	10	7	5	3	0
43	I like to spend holidays with my family.	10	7	5	3	0
44	I like to see my name in print (in the news).	10	7	5	3	0
45	I would prefer to take an art class than a math class.	10	7	5	3	0
46	I do not like to spend evening alone.	10	7	5	3	0
47	Even if the pay was the same, I would prefer to be a principal than a teacher.	10	7	5	3	0
48	I have expensive taste and enjoy luxury things.	10	7	5	3	0
49	I can tell the difference in fine art and cheap knock offs.	10	7	5	3	0
50	If I had regular headaches, I would consult a physician, even if over-the-counter medication helps.	10	7	5	3	0
51	I have several close friends.	10	7	5	3	0
52	I plan to provide music lessons to my children.	10	7	5	3	0
53	It is important to me that grace is said before meals.	10	7	5	3	0
54	I would lose sleep to spend time with company.	10	7	5	3	0
55	I try to get at least 8 hours of sleep each night.	10	7	5	3	0
56	I like to design and create things.	10	7	5	3	0
57	I like to be looked up to for my accomplishments.	10	7	5	3	0
58	I would get a sense of satisfaction from nursing a sick person back to health.	10	7	5	3	0
59	I care about what my parents think about me and the things I do.	10	7	5	3	0
60	I want to make a lot of money.	10	7	5	3	0
61	I like to be the chairperson at meetings.	10	7	5	3	0
62	I find it thrilling to create an original idea and put it to use.	10	7	5	3	0
63	I believe that there is life after death.	10	7	5	3	0
64	I would welcome a person of a different race as a neighbor.	10	7	5	3	0
65	If I were in the television industry, I would prefer to be an actor rather than a screenwriter.	10	7	5	3	0
66	I enjoy decorating my room.	10	7	5	3	0

67	I enjoy a picnic with my family.	10	7	5	3	0
68	In the future, I want to earn a much higher salary than the average person.	10	7	5	3	0
69	I am careful to eat a balanced diet every day.	10	7	5	3	0
70	I often influence other in the classes they choose to enroll in.	10	7	5	3	0
71	I would like to be chosen for "Who's Who."	10	7	5	3	0
72	I read the Bible or other religious texts regularly.	10	7	5	3	0
73	I would like to be in the clothing industry and designing new styles.	10	7	5	3	0
74	I love evenings out with friends.	10	7	5	3	0
75	When I am in a group setting, I like to be the one in charge.	10	7	5	3	0
76	I do not like to be financially dependent on other people.	10	7	5	3	0
77	When a friend is in need, I feel I must comfort them.	10	7	5	3	0
78	I love my parents.	10	7	5	3	0
79	I almost never skip meals.	10	7	5	3	0
80	I have a large collection of music on my mp3 player.	10	7	5	3	0
81	I have a particular friend with whom I share things.	10	7	5	3	0
82	I believe that God created man in his own image.	10	7	5	3	0
83	I enjoy buying things for the members of my family.	10	7	5	3	0
84	I would love to have people recognize me where ever I go.	10	7	5	3	0
85	I like planning activities for others.	10	7	5	3	0
86	I do not smoke or do drugs and alcohol.	10	7	5	3	0
87	I feel good when I do things to help others.	10	7	5	3	0
88	Someday I would like to write a novel.	10	7	5	3	0
89	I would put up with undesirable living conditions, just to work at a job that paid extremely well.	10	7	5	3	0
90	I belong to several clubs, organizations, or teams.	10	7	5	3	0
91	I believe that if I ask God for forgiveness, my sins will be forgiven.	10	7	5	3	0
92	I would enjoy having my picture in the school yearbook multiple times.	10	7	5	3	0
93	I often organize group activities.	10	7	5	3	0
94	When I see a newly constructed building, I consider its beauty as much as its practical use.	10	7	5	3	0
95	I respect my father and mother.	10	7	5	3	0
96	I like to design or make things that have not been made before.	10	7	5	3	0
97	Some of my hobbies are fairly expensive.	10	7	5	3	0
98	I enjoy classical music.	10	7	5	3	0
99	I would never do drugs because of the potential harm to my body.	10	7	5	3	0
100	I am kind to animals.	10	7	5	3	0

Complete the following chart and answer the questions after.

PUBLIC RECORDS REQUEST FORM

The Tennessee Public Records Act (TPRA) grants Tennessee citizens the right to access open public records that exist at the time of the request. The TPRA does not require records custodians to compile information or create or recreate records that do not exist.

(Governmental Entity Name and Name and Contact Information for the Public Records Request Coordinator)

To: **Jefferson County Schools**

(Insert Requestor's Name and Contact Information including address for any TPRA required written response)

From: **David Seal**

Is the requestor a Tennessee citizen? Yes No

Request: Inspection (The TPRA does not permit fees or require a written request for inspection only'.)

Copy/Duplicate

If costs for copies are assessed, the requestor has a right to receive an estimate. Do you wish to waive your right to an estimate and agree to pay copying and duplication costs in an amount not to exceed \$see note _____? If so, initial here: see note _____.

Delivery preference: On-Site Pick-Up
 Electronic

USPS First-Class Mail
 Other: _____

Records Requested:

Provide a detailed description of the record(s) requested, including: (1) type of record; (2) timeframe or dates for the records sought; and (3) subject matter or key words related to the records. Under the TPRA, record requests must be sufficiently detailed to enable a governmental entity to identify the specific records sought. As such, your record request must provide enough detail to enable the records custodian responding to the request to identify the specific records you are seeking.

A copy of the survey/questionnaire/assignment sheet that was administered to 6th graders during the counseling session on Friday August 12, 2022 at Jefferson Middle School

Cost estimat requested prior to processing this request

Signature of Requestor and Date Submitted

Signature of Public Records Request Coordinator and Date Received

Print Form

Reset Form



Jefferson Middle School Student Needs Assessment 2022-2023

Jefferson Middle School Counselors want to develop and provide a comprehensive school counseling program that works to promote the success and meets the needs of all students. Please answer the questions on this survey as honestly as possible. Thank you for helping Miss Henshaw and Mrs. Praeger better meet the needs of all students!

 Disable Immersive Reader

Hi, Melanie. When you submit this form, the owner will see your name and email address.

* Required

1. I feel comfortable/safe in the school *

Yes

No

2. I feel comfortable talking to my counselor if I need help with an issue. *

Yes

No

No, but want to be.

3. How often did you meet with the school counselor last year? *

Daily

Weekly

Monthly

Never

4. Please check any topics that you would like the counselors to discuss with you or your grade. *

Coping Skills/Dealing with peer pressure

Making/maintaining friendships

Healthy Communication - Conflict Resolution

Controlling my emotions

College/Career

Study Skills

Organizational skills

Time management

School Involvement

Concerns about alcohol or drugs (smoking, vaping, pills, etc.)

Hygiene

Healthy eating

Sleep habits

5. I plan to attend college, trade school, military, or some kind of school beyond high school. *

Yes

No

Undecided

6. My parents expect me to attend college, trade school, military, or some kind of school beyond high school. *

- Yes
- No
- Unsure

7. On average, I miss ____ days of school a year. *

- 0-5
- 5-10
- 10-15
- 15+

8. How could the school help improve your school attendance?

Enter your answer

9. Only check the below descriptions that apply to you: *

- My parents are divorced/divorcing.
- Live with relative (other than mom and dad) or in foster care
- I have lost a loved one recently.
- Family member are incarcerated (in jail).
- Friend or family member has a substance (drugs or alcohol) abuse problem.

13. I would like to meet with a counselor *

- To check in/get to know you
- To have lunch with a friend
- To talk about something personal (not urgent)
- I have something urgent to talk about
- I'm good for now

14. Is there anything else that you would like to share with your counselors?

Enter your answer

Submit

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