

This survey is voluntary. You do not have to answer these questions, but your answers will be very helpful in improving school programs.

No one will know how you answer these questions.

Please read every question carefully. Select one choice for each question.

Thank you for taking this survey.

1. What school do you attend?

2. Are you female or male?

☐ Female

☐ Male

3. What grade are you in?

☐ 8th grade

☐ 10th grade

4. Are you happy to be at this school?

☐ No, never

☐ Yes, some of the time

☐ Yes, most of the time

☐ Yes, all of the time

5. Do you feel like you are part of this school?

☐ No, never

☐ Yes, some of the time

☐ Yes, most of the time

☐ Yes, all of the time

6. Do teachers treat students fairly at school?

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

7. Do teachers and other adults at school listen when you have something to say?

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

8. Do the teachers and other adults at this school treat students with respect?

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

9. Does your school teach students to care about each other and treat each other with respect?

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

10. Do teachers and other adults make it clear that bullying is not allowed?

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

11. If you tell a teacher that you've been bullied, will the teacher do something to help?

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

12. Do students at your school try to stop bullying when they see it happening?

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

13. Do you feel safe at school?

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

14. Do you feel safe on your way to and from school?

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

* 15. During the past **12 months**, how many times **on school property** have you...

	0 times	1 time	2 to 3 times	4 or more times
been pushed, shoved, slapped, hit, or kicked by someone who wasn't kidding just kidding around?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been made fun of, insulted, or called names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had mean rumors or lies spread about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had mean rumors or lies spread about you on the internet (i.e., Facebook, Instagram, Snapchat, email, instant message)?	<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"/>

16. During the past **12 months**, how many times **on school property** were you harassed or bullied for any of the following reasons? (You were **bullied** if you were shoved, hit, threatened, called mean names, teased, or had other unpleasant physical or verbal things done to you repeatedly or in a severe way. It is **not bullying** when two students of about the same strength quarrel or fight.)

	0 times	1 time	2 to 3 times	4 or more times
Your race, ethnicity, or national origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your gender (being male or female)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A physical or mental disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Do you feel connected to your school?

- ☐ All of them
- ☐ Most of them
- ☐ Only some of them
- ☐ Hardly any of them

18. How many questions in the survey did you answer honestly?

- ☐ All of them
- ☐ Most of them
- ☐ Only some of them
- ☐ Hardly any of them