



FINAL 2021 School Climate, Safety and Wellness Inventory

School Climate, Safety and Wellness Inventory (3rd-5th Grade)

We want to know how you feel about your school! This survey is anonymous, so no one will know how you answered. Please give us your honest opinions so that we can better understand your experience and work to make the school a better place. Some of the questions are about sensitive topics like bullying, mental health, and safety. If you think you might have difficulty doing this survey, please let your teacher know.

School Climate

These questions are about how it feels to be at school.

1. How often do your teachers seem excited to be teaching your classes?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

2. How well do people at your school understand you as a person?

- Do not understand at all
 Understand a little
 Understand somewhat
 Understand quite a bit
 Completely understand

3. How much support do the adults at your school give you?

- No support at all
 A little bit of support
 Some support
 Quite a bit of support
 A tremendous amount of support

4. How positive or negative is the energy of the school?

- Very negative
 Somewhat negative
 Slightly negative
 Neither negative nor positive
 Slightly positive
 Somewhat positive
 Very positive

5. How fair or unfair are the rules for the students at this school?

- Very unfair
 Somewhat unfair
 Slightly unfair
 Neither unfair nor fair
 Slightly fair
 Somewhat fair
 Very fair

6. Adults in my school treat all students fairly.

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

7. How much respect do students at your school show you?

- No respect at all
 A little bit of respect
 Some respect
 Quite a bit of respect
 A tremendous amount of respect

8. Students in my school respect differences in other students (for example, where they come from, what they look like, etc.).

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree



9. My school tries to involve all families in school activities.

Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

10. At your school, how much does the behavior of other students hurt or help your learning?

Hurts my learning a tremendous amount
 Hurts my learning some
 Hurts my learning a little bit
 Neither helps nor hurts my learning
 Helps my learning a little bit
 Helps my learning some
 Helps my learning a tremendous amount

11. Overall, how much do you feel like you belong at your school?

Do not belong at all
 Belong a little bit
 Belong somewhat
 Belong quite a bit
 Completely belong

12. Do you have a friend from school who you can count on to help you, no matter what?

No
 Yes

Supportive Relationships

Please tell us about your relationships with teachers at school.

13. How respectful are your teachers towards you?

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

14. If you walked into class upset, how concerned would your teachers be?

Not at all concerned
 Slightly concerned
 Somewhat concerned
 Quite concerned
 Extremely concerned

15. When your teacher asks, "how are you?", how often do you feel that your teachers really want to know your answer?

Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

16. How excited would you be to have your teachers again?

Not at all excited
 Slightly excited
 Somewhat excited
 Quite excited
 Extremely excited

17. Do you have a teacher or other adult from school who you can count on to help you, no matter what?

No
 Yes



School Safety

These questions are about how safe you feel at school.

18. I feel safe at my school.

Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

19. I would feel comfortable asking an adult for help if I felt worried, sad, or scared.

No
 Yes

20. How often are people disrespectful to others at your school?

Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

21. How often do students get into physical fights at your school?

Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

22. How likely is it that someone from your school will bully you online?

Not at all likely
 Slightly likely
 Somewhat likely
 Quite likely
 Extremely likely

23. How often do you worry about violence at your school?

Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

24. If a student is bullied in school, how difficult is it for him/her to get help from an adult?

Not at all difficult
 Slightly difficult
 Somewhat difficult
 Quite difficult
 Extremely difficult

25. I would tell an adult at school if I was worried about my safety.

No
 Yes

26. I would tell an adult at school if I was worried about a friend's safety.

No
 Yes

Health and Wellbeing

These questions are about your overall health and wellness.

27. During the past 12 months, how many times have you moved?

I have moved 0 times
 I have moved 1 time
 I have moved 2-4 times
 I have moved 5 or more times



28. During the past 12 months, have you or your family worried about a place to live?

No Yes

29. During the past 30 days, how often did you go hungry because there was not enough food in your home?

Never Rarely Sometimes Most of the time Always

30. My family expects me to attend school every day.

Strongly Disagree Disagree Neutral Agree Strongly Agree

31. During a typical day, how many hours do you spend on a media device for a purpose other than homework - for example, media devices such as a phone, computer, laptop/tablet?

Less than 1 hour Between 1-3 hours 3 or more hours

32. I can use my phone, computer or other device without any rules by my parents/guardians.

No Yes

33. In the past year, how much time did you spend learning in-person?

Never Rarely Sometimes Most of the time Always

34. I feel safe to express who I am at my school.

Strongly Disagree Disagree Neutral Agree Strongly Agree

35. In the past 2 weeks, I have felt sad or worried almost every day

No Yes

36. COVID-19 has been hard on me and family.

No Yes

37. Do you have a family member or other adult outside of school who you can count on to help you, no matter what?

No Yes



Drugs, Alcohol and Tobacco

These questions are about tobacco, alcohol and drugs. Remember that no one will see how you answered.

38. Have you ever tried alcohol, cigarettes, or any other drugs?

- No Yes

39. Have you ever been offered alcohol, cigarettes, or any other drugs?

- No Yes

40. Have you ever seen other kids your age using drugs or alcohol?

- No Yes

Background Questions

We need to know a bit of background information about you so that we can describe the types of students who completed these questions.

41. What is your gender?

- Female Male Prefer not to answer

42. What grade are you in?

- 3 4 5

43. What is your race or ethnicity? (Please fill in the circle that best describes you)

- American Indian / Alaska Native Asian Black/African American (Not Hispanic) Hispanic / Latino / Latina Native Hawaiian / Pacific Islander White/Caucasian Multiple Races / Multiracial Not Listed Above

44. Is English your first language?

- No Yes

45. Are you involved in any extra-curricular activities at your school?

- No Yes

46. Do you receive special education services?

- No Yes I don't know



47. Do you participate in the SACC program before or after school?

No

Yes

THANK YOU!

Thank you for sharing your feedback with us! If you have any questions or need to talk to someone after taking this survey, please let your teacher know so they can connect you to a school counselor, psychologist or social worker.

SAMPLE FORM