



FINAL 2021 School Climate, Safety and Wellness Inventory

School Climate, Safety and Wellness Inventory (6th-12th Grades)

We want to know how you are doing and how you feel about your school! This survey is anonymous, so no one will see your individual answers. 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

In this section, we would like to understand how you feel about your school.

1. How excited are you about going to your classes?

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

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

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

3. Overall, how high are your teachers' expectations of you?

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

4. How connected do you feel to the adults at your school?

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

5. How much do you matter to others at this school?

- Do not matter at all
 Matter a little bit
 Matter somewhat
 Matter quite a bit
 Matter a tremendous amount

6. 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

7. How pleasant or unpleasant is the physical space at your school?

- Very unpleasant
 Somewhat unpleasant
 Slightly unpleasant
 Neither pleasant nor unpleasant
 Slightly pleasant
 Somewhat pleasant
 Very pleasant

8. I participate in school-related group activities - for example, sports, band, drama, clubs, or student government.

- No
 Yes



9. How much respect do students in 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

10. 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

11. 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

12. 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

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

Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

14. 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

Supportive Relationships

Please tell us about supportive relationships in your life.

15. How many of your teachers are respectful towards you?

None of my teachers
 A few of my teachers
 About half of my teachers
 Most of my teachers
 All of my teachers

16. If you walked into class upset, how many of your teachers would be concerned?

None of my teachers
 A few of my teachers
 About half of my teachers
 Most of my teachers
 All of my teachers

17. If you came back to visit class three years from now, how many of your teachers would be excited to see you?

None of my teachers
 A few of my teachers
 About half of my teachers
 Most of my teachers
 All of my teachers



18. When your teachers ask how you are doing, how many of them are really interested in your answer?

None of my teachers

A few of my teachers

About half of my teachers

Most of my teachers

All of my teachers

19. How many of your teachers would you be excited to have again in the future?

None of my teachers

A few of my teachers

About half of my teachers

Most of my teachers

All of my teachers

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

No

Yes

21. 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

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

No

Yes

23. Do you have a teacher or other adult from school who you can be completely yourself around?

No

Yes

24. Do you have a family member or other adult outside of school who you can be completely yourself around?

No

Yes

25. Do you have a friend from school who you can be completely yourself around?

No

Yes

School Safety

These questions are about how safe and respected you feel at your school.

26. I feel safe at my school.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

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

Almost never

Once in a while

Sometimes

Frequently

Almost always



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

Almost never

Once in a while

Sometimes

Frequently

Almost always

29. 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

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

Almost never

Once in a while

Sometimes

Frequently

Almost always

31. 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

32. At your school, how unfairly do the adults treat the students?

Not at all unfairly

Slightly unfairly

Somewhat unfairly

Quite unfairly

Extremely unfairly

Cultural Awareness

33. How often do teachers encourage you to learn about people from different races, ethnicities, or cultures?

Almost never

Once in a while

Sometimes

Frequently

Almost always

34. How often do you think about what someone of a different race, ethnicity, or culture experiences?

Almost never

Once in a while

Sometimes

Frequently

Almost always

35. How confident are you that students at your school can have honest conversations with each other about race?

Not at all confident

Slightly confident

Somewhat confident

Quite confident

Extremely confident

36. At your school, how often are you encouraged to think more deeply about race-related topics with other students?

Almost never

Once in a while

Sometimes

Frequently

Almost always

37. How comfortable are you sharing your thoughts about race-related topics with other students at your school?

Not at all comfortable

Slightly comfortable

Somewhat comfortable

Quite comfortable

Extremely comfortable



38. How often do students at your school have important conversations about race, even when they might be uncomfortable?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

39. When there are major news events related to race, how often do adults at your school talk about them with students?

- Almost never
 Once in a while
 Sometimes
 Frequently
 Almost always

40. How well does your school help students speak out against racism?

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

41. Students at my school are respected and valued regardless of (check all that apply):

- Race/cultural background
 Gender identity/expression
 Sexual orientation
 Learning differences
 Income level
 Other differences

42. During the past 12 months, how often have you been treated differently at school because of your race or ethnicity?

- Never
 Rarely
 Sometimes
 Most of the time
 Always

Health and Wellbeing

These questions are about your overall health and wellness.

43. 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

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

- No
 Yes

45. 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

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

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

47. 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



48. I can use my phone, computer or other device without any rules by my parents/guardians. (Media devices such as phone, computer, laptop/tablet, gaming system)

No Yes

49. On an average school night, how many hours of sleep do you get?

4 or less 5-6 hours 7-8 hours 9-10 hours

50. In the past year, what percentage of the time did you spend learning in-person?

0 percent 10-25% 25-50% 50-100%

Mental Health

These questions are about your mental health and emotional safety.

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

Strongly Disagree Disagree Neutral Agree Strongly Agree

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

No Yes

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

No Yes

54. What best describes your mental health during the COVID-19 pandemic?

Has gotten much worse Has gotten worse Stayed the same Has gotten better Has gotten much better

55. I would feel comfortable seeking help for my mental health at school.

No Yes

56. During the past 30 days, on how many days have you felt worried, tense, stressed out, or anxious, making it hard for you to eat or sleep, do your school work, take care of your responsibilities or get along with other people?

0 days 1-7 days 8-14 days 15 or more days

57. During the past 12 months, did you ever feel so sad or hopeless, almost every day for two weeks or more in a row, that you stopped doing some usual activities?

No Yes



58. During the last 12 months, how often does feeling sad, hopeless, worried or anxious prevent you from wanting to come to school?

No Yes

59. During the past 12 months, have you been concerned enough about your weight or body image that you have engaged in self-destructive behaviors?

No Yes

60. During the past 12 months, have you ever hurt or injured yourself on purpose (without meaning to end your life)?

No Yes

61. During the past 12 months, have you ever seriously considered attempting suicide?

No Yes

62. During the past 12 months, if you have ever seriously thought about attempting suicide, did you tell anyone about these thoughts? (check all that apply)

No, I did not tell anyone Yes, a friend Yes, counselor or interventionist Yes, an adult at school other than a counselor or interventionist Yes, someone outside of school

63. During the past 12 months, have you ever attempted suicide?

No Yes

64. During the past 12 months, have you experienced cyberbullying - for example, has someone used the computer, the internet, a cell phone, or other device to do something mean or hurtful to you on purpose?

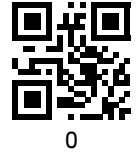
No Yes: 1 time Yes: 2-5 times Yes: 6 or more times

65. During the past 12 months have other students threatened, harassed or hurt you one or more times on school property?

No Yes: 1 time Yes: 2-5 times Yes: 6 or more times

66. I have the knowledge and resources to keep myself safe in relationships.

Strongly Disagree Disagree Neutral Agree Strongly Agree



67. During the past 12 months, have you been physically hurt on purpose by someone you were dating or going out with?

No Yes

Drugs, Alcohol and Tobacco

These questions are about drugs, alcohol and tobacco. Your answers are completely anonymous, so please answer honestly.

68. During the past 30 days, how many cigarettes have you smoked?

I have not smoked cigarettes Less than 10 cigarettes 10-20 cigarettes More than 20 cigarettes

69. During the past 30 days, how many days have you used e-cigarettes or chewing tobacco?

0 days 1-7 days 8-14 days 15 or more days

70. During the past 30 days, how many days have you had at least one drink of alcohol?

0 times Less than 5 days 5-10 days More than 10 days

71. What percentage of your friends drink alcohol on at least a weekly basis?

0 percent 10-25% 25-50% 50-100%

72. How wrong do you think it is for someone your age to drink alcohol regularly (at least once or twice a month)?

Very wrong Wrong Neutral A little wrong Not wrong at all

73. How wrong do your parents or guardians feel it would be for you to drink alcohol regularly (at least once or twice a month)?

Very wrong Wrong Neutral A little wrong Not wrong at all

74. Have you ever used marijuana (this includes smoking marijuana cigarettes, consuming edibles, and using vaporized forms of marijuana)?

No Yes

75. During the past 30 days, how many times have you used marijuana?

0 times Less than 5 times 5-10 times More than 10 times

76. What percentage of your friends use marijuana on at least a weekly basis?

0 percent 10-25% 25-50% 50-100%



77. How wrong do you think it is for someone your age to use marijuana?

Very wrong
 Wrong
 Neutral
 A little wrong
 Not wrong at all

78. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

No
 Yes

79. Have you ever done anything while drunk or high that you later regretted?

No
 Yes

80. How often do you see students driving or riding in a car or other vehicle while under the influence of drugs or alcohol?

Once per day
 3-5 times a week
 1-2 times a week
 once a month
 never

81. If you used alcohol, marijuana or other drugs in the past 12 months, what are the reasons you used them? (Check all that apply)

I have not used substances
 Because I was curious
 To take my mind off my problems
 To be more social
 To have fun
 To help me sleep

82. Where would you go for the best information about the risks of drugs and alcohol? (Check all that apply)

Internet / Social Media
 School Health Class
 Friends
 Parents
 Medical Provider

Background Questions

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

83. What is your gender?

Female
 Male
 Non-Binary

84. What grade are you in?

6
 7
 8
 9
 10
 11
 12
 12+ / GED

85. What is your race or ethnicity?

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



86. Do you identify as Lesbian, Gay, Bisexual, Transgender or Questioning?

No

Yes

Prefer not to
answer

87. Is English your first language?

No

Yes

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

No

Yes

89. Do you receive special education services?

No

Yes

Prefer Not to
Answer

THANK YOU!

Thank you for sharing your feedback with us! Please remember that there are people at school to support you if you need help with a problem. You can ask a teacher for help, or request to talk to a School Counselor, Psychologist or Social Worker.

SAMPLE FORM