

## Safe and Civil Schools Student Survey

*This survey is being conducted to study the effects of disruptive behavior on student learning. The information and survey results from your school and other schools in the state will be used to help keep schools safe and civil. This survey is voluntary. Please do not write your name anywhere on this survey. All of your answers to these questions are completely anonymous.*

### Directions

- Use a #2 pencil to completely fill in the appropriate circle O. Do not use checkmarks.
- Please fill in the yes or no answer that is closest to your point of view for each question.
- For the questions about the last five school days, pick the response that best answers what happened only during those days.
- When you have completed the survey, please return it to your teacher.
- If you have any questions, please ask your teacher.

### Please tell us about yourself:

Your Grade Level:	<input type="radio"/> 5th Grade	<input type="radio"/> 8th Grade	<input type="radio"/> 10th Grade
Your Gender:	<input type="radio"/> Male	<input type="radio"/> Female	
Your Ethnicity:	<input type="radio"/> White	<input type="radio"/> Black	<input type="radio"/> Asian or Pacific Islander
(Mark all that apply)	<input type="radio"/> American Indian	<input type="radio"/> Hispanic	<input type="radio"/> Other

### During the *last five school days in class*, has another student:

1. Talked loudly, yelled, or made noises that interfered with your schoolwork?	<input type="radio"/> No	<input type="radio"/> Yes
2. Made fun of you or called you a bad name that made you feel bad?	<input type="radio"/> No	<input type="radio"/> Yes
3. Threatened, bullied, or picked on you?	<input type="radio"/> No	<input type="radio"/> Yes
4. Refused to cooperate or follow the instructions of a teacher?	<input type="radio"/> No	<input type="radio"/> Yes
5. Taken or damaged your personal property?	<input type="radio"/> No	<input type="radio"/> Yes
6. Pushed, grabbed, hit, or kicked you?	<input type="radio"/> No	<input type="radio"/> Yes
7. Threatened you or someone else in class with a weapon?	<input type="radio"/> No	<input type="radio"/> Yes

### During the *last five school days outside of class*, has another student:

8. Made fun of you or called you a bad name?	<input type="radio"/> No	<input type="radio"/> Yes
9. Threatened, bullied, or picked on you?	<input type="radio"/> No	<input type="radio"/> Yes
10. Taken or damaged your personal property?	<input type="radio"/> No	<input type="radio"/> Yes
11. Pushed, grabbed, hit, or kicked you?	<input type="radio"/> No	<input type="radio"/> Yes
12. Threatened you or someone else with a weapon?	<input type="radio"/> No	<input type="radio"/> Yes

**During the last five school days, have you tried to stay away from any of these areas because of the bad behaviors that happen there?**

13. Classroom	<input type="radio"/> No	<input type="radio"/> Yes
14. Library	<input type="radio"/> No	<input type="radio"/> Yes
15. Cafeteria	<input type="radio"/> No	<input type="radio"/> Yes
16. Halls, common area, courtyard	<input type="radio"/> No	<input type="radio"/> Yes
17. Playground, sports field	<input type="radio"/> No	<input type="radio"/> Yes
18. Restroom	<input type="radio"/> No	<input type="radio"/> Yes
19. Gym (PE), locker room	<input type="radio"/> No	<input type="radio"/> Yes
20. Bus, bus area, or parking area	<input type="radio"/> No	<input type="radio"/> Yes
21. After school or evening activity areas	<input type="radio"/> No	<input type="radio"/> Yes

**During the last five school days, how did bad behaviors affect your ability to learn?**

22. Did not bother me.	<input type="radio"/> No	<input type="radio"/> Yes
23. Made it hard for me to pay attention to the teacher.	<input type="radio"/> No	<input type="radio"/> Yes
24. Made it hard for me to think or concentrate on my schoolwork.	<input type="radio"/> No	<input type="radio"/> Yes
25. Made it hard for me to get schoolwork done.	<input type="radio"/> No	<input type="radio"/> Yes
26. Made it hard for me to come to school.	<input type="radio"/> No	<input type="radio"/> Yes

**Please answer the following questions about discipline rules in your school:**

27. Do you know the rules for proper behavior for your school?	<input type="radio"/> No	<input type="radio"/> Yes
28. Are these rules fair?	<input type="radio"/> No	<input type="radio"/> Yes
29. Have you been taught how to follow your school's rules?	<input type="radio"/> No	<input type="radio"/> Yes
30. When someone breaks the rules, do they usually get caught?	<input type="radio"/> No	<input type="radio"/> Yes
31. If you get caught breaking the rules, do you know that something will happen to you?	<input type="radio"/> No	<input type="radio"/> Yes
32. Are the rules enforced the same for everyone in school?	<input type="radio"/> No	<input type="radio"/> Yes

**Please answer the following questions about your school:**

33. Do your teachers know your name?	<input type="radio"/> No	<input type="radio"/> Yes
34. Do your teachers tell you when you do a good job?	<input type="radio"/> No	<input type="radio"/> Yes
35. Do your teachers care about you?	<input type="radio"/> No	<input type="radio"/> Yes
36. If you had a problem at school, is there an adult you would talk to at school?	<input type="radio"/> No	<input type="radio"/> Yes
37. Do you feel welcome at your school?	<input type="radio"/> No	<input type="radio"/> Yes
38. Do you feel safe at your school?	<input type="radio"/> No	<input type="radio"/> Yes

***Thank you for completing the survey.***