



2023 Student - School Climate, Safety and Wellness

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 your 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 and Culture

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 lot of support

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

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

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

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

6. I have fun when I am learning at my school.

- Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

7. How often are you learning about things that you are interested in?

- Almost Never
 Once in a while
 Sometimes
 Frequently
 Almost always

8. Adults in my school treat all students fairly.

- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

9. 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 lot of respect



10. 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

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

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

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

Hurts my learning a lot

Hurts my learning a little bit

Neither helps nor hurts my learning

Helps my learning a little bit

Helps my learning a lot

13. 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

Supportive Relationships

Please tell us about your relationships with teachers at school.

14. How respectful are your teachers towards you?

Not at all respectful

Slightly respectful

Somewhat respectful

Quite respectful

Extremely respectful

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

Not at all concerned

Slightly concerned

Somewhat concerned

Quite concerned

Extremely concerned

16. 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

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

Not at all excited

Slightly excited

Somewhat excited

Quite excited

Extremely excited

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

No

Yes

19. Do you have a friend 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.

20. I feel safe at my school.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

21. I know what to do in case of an emergency at my school.

- No Yes

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

- No Yes

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

- Almost never Once in a while Sometimes Frequently Almost always

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

- Almost never Once in a while Sometimes Frequently Almost always

25. 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

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

- Almost never Once in a while Sometimes Frequently Almost always

27. If a student is bullied in school, how difficult is it for them to get help from an adult?

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

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

- No Yes

29. 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.

30. 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

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

No

Yes

32. 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

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

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

34. 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

Between 3-6 hours

6 or more hours

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

No

Yes

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

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

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

No

Yes

38. 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.

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

No

Yes



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

No Yes

41. 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.

42. What is your gender?

Female Male Prefer not to
answer

43. What grade are you in?

3 4 5

44. 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

45. Is English your first language?

No Yes

46. Are you involved in any extracurricular activities at your school?

No Yes

47. Are you involved in any extracurricular activities outside of your school?

No Yes

48. Do you receive gifted and talented (GT) services and/or have an advanced learning plan (ALP)?

No Yes I don't know

49. Do you receive special education services?

No Yes I don't know



50. 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