

My School Student Survey (Grades 3-12)

We want to learn what you think about your school. Read the questions below. Check the box that shows how much you agree or disagree. Please be honest. You can choose not to answer any item. **When you answer, think about the way your school is most of the time from the beginning of the 2023-2024 school year to now.**

School Name: _____

Grade (please circle): 3 4 5 6 7 8 9 10 11 12 Did you attend this school last year? Yes No

1. STUDENT ENGAGEMENT Please select how much you agree with the following statements about you and/or your school.	1 Strongly Disagree	2 Disagree	3 Neither Agree/ Disagree	4 Agree	5 Strongly Agree	? Don't Know
a. I like school.	○	○	○	○	○	○
b. I look forward to coming to school on most days.	○	○	○	○	○	○
c. I know that school staff care about me.	○	○	○	○	○	○
d. I think that other students care about me.	○	○	○	○	○	○
e. I think that learning is interesting.	○	○	○	○	○	○
f. I feel included in classroom discussions and group work.	○	○	○	○	○	○
g. I think that learning is important to my future success.	○	○	○	○	○	○
h. I connect what I read to things that I already know.	○	○	○	○	○	○
i. I set learning goals for my schoolwork.	○	○	○	○	○	○
j. The homework assigned to me is important for my future.	○	○	○	○	○	○
k. I believe that homework is important work.	○	○	○	○	○	○
l. Schoolwork makes me think.	○	○	○	○	○	○
m. I know that I will learn something new and important every day.	○	○	○	○	○	○
n. I use things that I learn in one subject to help me understand and learn in other subjects.	○	○	○	○	○	○
o. This school is a safe place for students.	○	○	○	○	○	○
p. I am safe when traveling to and from school.	○	○	○	○	○	○

2. HEALTH, SAFETY, AND ACCESS TO THE INTERNET

Please answer the following questions using the response choices to the right.

Q1. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)	<input type="radio"/> 0 days <input type="radio"/> 4 days <input type="radio"/> 1 day <input type="radio"/> 5 days <input type="radio"/> 2 days <input type="radio"/> 6 days <input type="radio"/> 3 days <input type="radio"/> 7 days <input type="radio"/> I don't know
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The next two questions ask about food you usually eat or drink. Think about all the meals and snacks you have from the time you get up until you go to bed. Be sure to include food you eat at home, at school, at restaurants, or anywhere else.

Q2. How many times a day do you usually eat fruit? (Be sure to count fruit and 100% fruit juices, but do not count drinks like punch, Kool-Aid, or sports drinks.)

- | | | |
|-------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> 0 times | <input type="radio"/> 3 times | <input type="radio"/> I don't know |
| <input type="radio"/> 1 time | <input type="radio"/> 4 times | |
| <input type="radio"/> 2 times | <input type="radio"/> 5 or more times | |

Q3. How many times a day do you usually eat vegetables? (For example, green salads, carrots, potatoes, and other vegetables.)

- | | | |
|-------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> 0 times | <input type="radio"/> 3 times | <input type="radio"/> I don't know |
| <input type="radio"/> 1 time | <input type="radio"/> 4 times | |
| <input type="radio"/> 2 times | <input type="radio"/> 5 or more times | |

- Q4. Can you access the internet at home with a desktop computer or laptop?** Yes No I don't know
- Q5. Can you access the internet at home with a phone?** Yes No I don't know
- Q6. Can you access the internet at home with another device (tablet, Kindle, iPad)?** Yes No I don't know
- Q7. Is the connection you use at home to access the internet fast (DSL, Broadband, or cable) or slow?** Fast Slow I don't know
 We cannot get on the internet at home