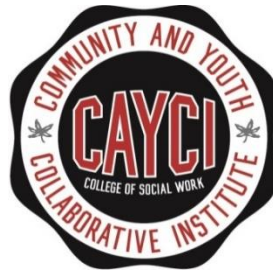


Community and Youth Collaborative Institute School Experience Surveys – 2022 Survey Version



Elementary School Student Survey

[SCHOOL NAME]

Developed By:

Dawn Anderson-Butcher, Anthony J. Amorose,
Aidyn Iachini, Annahita Ball, and Lauren Paluta



THE OHIO STATE UNIVERSITY

COLLEGE OF SOCIAL WORK

*****Attention Survey Administrator (SA)*****

This page provides directions that your students will need to complete the survey. The first set of directions should be used if the survey is going to be read aloud to the entire class. The second set of directions should be used if students are going to independently take the survey. Please note that all information to be read aloud to students is printed in bold type. Information for you, as the survey administrator, is printed in italics.

Reading Survey Aloud to Entire Class:

Today we are going to answer some questions about you and your school. Your answers will help us improve what happens at school and in your classroom. Please listen to the instructions and answer the questions as honestly as you can. There are no right or wrong answers; your answers will not be graded or connected to you. (*Assuring students that their answers are confidential is appropriate at this time*).

Now, let's look at the top of the next page. Be sure to use a dark pencil and fill in only one circle per question. If you make a mistake, be sure to erase your answer completely. (*You may clarify if needed.*)

The first section we will complete is called _____ (*Say the name of the first section of the survey (e.g., academic motivation). Next, read the directions at the beginning of that section. Then say, I'm going to say a sentence. I want you to fill in the circle with the number for the word that sounds most like how you feel. Color in the "4" which stands for "YES!" (reader emphasizes voice) if you really believe the sentence is true; "3" for "yes" if you sort of believe the statement; "2" for "no" if you sort of do not believe the sentence; and "1!" for "NO!" (reader emphasizes voice) if you really do not believe the sentence. Read aloud each item in that section at a pace that is best for you and your students. Continue using this paragraph of directions for each section of the survey.*)

Students Independently Completing the Survey:

Prior to passing out the survey, the Survey Administrator should determine what students should do with their survey and how to spend their time if they finish early.

Today we are going to answer some questions about you and your school. Your answers will help us improve what happens at school and in your classroom. Please listen to the instructions and answer the questions as honestly as you can. There are no right or wrong answers; your answers will not be graded or connected to you. (*Assuring students that their answers are confidential is appropriate at this time*).

Be sure to use a dark pencil and fill in only one circle per question. Direct them to the example on the next page. If you make a mistake, be sure to erase your answer completely. Please read each question carefully. Color in the "4" which stands for "YES!" (reader emphasizes voice) if you really believe the sentence to be true; "3" for "yes" if you sort of believe the statement; "2" for "no" if you sort of do not believe the sentence; and "1!" for "NO!" (reader emphasizes voice) if you really do not believe the sentence.

Please make sure to read the directions before you begin answering questions in a new section. You can proceed at your own pace. (*Tell students what they are to do when they have completed the survey*).

**Copyright © 2016 The Ohio State University.
All Rights Reserved**

The Community and Youth Collaborative Institute's goal is to enhance the overall well-being of children and youth by supporting families, promoting healthy development and bringing together communities. This survey is available for use, free of charge, as long as the tool is cited properly.

Anderson-Butcher, D., Amorose, A. J., Iachini, A. L., Ball, A., & Paluta, L. (2016). Community and Youth Collaborative Institute School Experience Surveys: Elementary Student Survey. Columbus, Ohio: College of Social Work, The Ohio State University.





CAYCI School Experience Survey

This survey will help your school understand what your life is like and improve your school and classroom experiences. Your answers will not be linked to you.

Please read each question carefully. Fill in ONE circle that best represents your answer. Color in the **4 - YES!** if you really believe the sentence to be true; **3 - Yes** if you sort of believe the statement; **2 - No** if you sort of do not believe the sentence; and **1 - NO!** if you really do not believe the sentence.

Marking Instructions:	
<ul style="list-style-type: none">If you make a mistake be sure to erase your answer completely.Please fill in each circle completely using the following example:	
Like this: ●	Not like this: ✓ ✗ /

Academic Motivation

	NO!	no	yes	YES!
				
1. I have a positive attitude toward school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I like the challenges of learning new things in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I am confident in my ability to manage my school work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I work hard at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I try my best at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NO! no yes YES!
   

6. I enjoy coming to school.
7. I have good relationships with my teachers and other adults at my school.
8. I am proud to be at my school.
9. I feel like I belong at my school.

Academic Press

NO! no yes YES!
   

10. My school wants me to learn a lot.
11. My parents/caregivers want me to learn a lot.
12. My teacher wants me to learn a lot.

Support for Learning

NO! no yes YES!
   





13. When I have a problem, I get help from my family.
14. When I have a problem, I get help from my teacher.
15. I would go to my teacher for help if I needed it.
16. My teacher would notice if I was not in school.





Internalizing Behaviors

- | | NO!
 | no
 | yes
 | YES!
 |
|---|---|---|--|---|
| 17. In the past week, I felt sad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. In the past week, I felt afraid. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. In the past week, I felt lonely. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. In the past week, people were not nice to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. In the past week, I felt worried. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. In the past week, I felt like I didn't matter. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. In the past week, I had trouble sleeping. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. In the past week, I felt shy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. In the past week, I felt others didn't like me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





Externalizing Behaviors

Think about each of the following sentences and fill in the circle that best describes how often you have experienced these things within the current school year.





- | | NO!
 | no
 | yes
 | YES!
 |
|--|---|---|--|---|
| 26. Have you ever gotten in trouble in class? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Has your school called home because you were in trouble for your behavior? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. Have you ever been in a fight? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. Have you ever skipped schoolwork assignments? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





- | | NO! | no | yes | YES! |
|--|--|---|---|---|
| |  |  |  |  |
| 30. Have you ever lied about something important? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. Have you ever bullied someone at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. Have you ever been bullied at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. I know what to do if I am being bullied. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I know what to do to help someone else who is being bullied. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Parent/Caregiver Involvement/Support





- | | NO! | no | yes | YES! |
|---|--|---|---|---|
| |  |  |  |  |
| 35. My parents/caregivers help me with my schoolwork. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. My parents/caregivers talk to me about what I do in school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. My parents/caregivers ask me about my schoolwork. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. My parents/caregivers visit my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Family & Community Connections





- | | NO! | no | yes | YES! |
|--|--|---|---|---|
| |  |  |  |  |
| 39. I feel like I really belong to my family. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. I feel like I am an important part of my community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. There are adults in my community who support and encourage me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | NO! | no | yes | YES! |
|--|--|---|---|---|
| |  |  |  |  |
| 42. There are adults in my community that I could go to for help if I needed it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |




Social Skills

- | | NO! | no | yes | YES! |
|------------------------------|--|---|---|---|
| |  |  |  |  |
| 43. I respect others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. I work well with others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. I am responsible. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46. I am a good friend. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Peer Relationships

- | | NO! | no | yes | YES! |
|---|--|---|---|---|
| |  |  |  |  |
| 47. My friends support and care about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48. My friends think I am a positive person. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49. My friends are people who I can trust. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 50. My friends do nice things for other people. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





Activities

- | | No | Sometimes | Yes |
|---|---|---|---|
| |  |  |  |
| 51. I play on a sports team. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 52. I play a musical instrument. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 53. I am in a dance or theater group or class. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 54. I am in a youth program (4-H, YMCA, Boys and Girls Club). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 55. I am in a youth group or church. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 56. I am involved in leadership groups (student council, student government, peer leadership team). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





Sport-Related Questions

- | | Not good at all | Not good | So-so | Good | Very good | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 57. How good do you think you are at sports? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 58. How skilled do you think you are at sports? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 59. How much ability do you think you have at sports? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 60. During the past 7 days, on how many days did you have a practice or game for a sport team? | | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 61. How often do you participate in sport, in general? | | | | | | | | |
| | Never | Once a month | 2-3 times per month | Once a week | 2-3 times per week | Almost every day | | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | |

Safety

- | | NO! | no | yes | YES! |
|---|--|---|---|---|
| |  |  |  |  |
| 62. I feel safe in the community. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 63. I feel safe at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 64. I feel safe getting to and from school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Diversity

- | | NO! | no | yes | YES! |
|--|--|---|---|---|
| |  |  |  |  |
| 65. At my school, students treat others who are different from them with respect. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 66. At my school, teachers and other school staff treat all students with respect regardless of background or culture. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 67. At my school, all students are treated equally. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 68. At my school, it's ok to be different. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 69. At my school, all students are treated the same regardless of where they come from. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Social Media Question

70. Indicate the number of hours that best describes the amount of time you spend on social media each day (Facebook, Snapchat, Instagram, TikTok, etc.).

- | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 Hours | 1-2 Hours | 3-5 Hours | 5-7 Hours | 8-10 Hours | More than 10 Hours |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

District Chosen Questions

- | | NO! | no | yes | YES! |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 71. District Chosen Question #1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 72. District Chosen Question #2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 73. District Chosen Question #3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Open Response Questions

74. **In the space below, write in what you like most about your school.**

75. **In the space below, write in what ways, if any, your school can be improved.**

Demographics

1. I am:

- A Boy
- A Girl
- Prefer not to answer
- Other: _____

2. How old are you?

- Younger than 6
- 6 years old
- 7 years old
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- Older than 20

3. I am (mark only one)

- White
- Black/African American
- Hispanic or Latino
- Asian

- Native Hawaiian or Other Pacific Islander
- American Indian/Alaskan Native
- Multiracial
- Other

4. Besides English, do you speak another language at home?

- Yes
- No

5. I am currently in:

- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade

6. I live with:

- Both my parents.
- With my mom
- With my dad
- My grandmother or grandfather
- My parents don't live together – so sometimes I live with my dad and sometimes I live with my mom
- Someone other than my mom or dad
- Foster parent

7. How many times have you moved since you started school?

- I have never moved

- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

8. Do you receive free or reduced price lunch?

- Yes
- No

9. Do you receive special education services (resource)?

- Yes
- No

**You are done.
Thank you for taking this survey.**

***This survey was produced by the
Community and Youth Collaborative Institute (CAYCI).***



**1947 College Road
Stillman Hall
Columbus, OH 43210
W: www.cayci.osu.edu
P: 614-292-6934**