



2024 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. For bus riders: I feel safe when I ride the school bus.

- Strongly disagree Disagree Neutral Agree Strongly agree I do not ride the bus

28. If you walk or ride your bike to school: I feel safe on my way to school.

- Strongly disagree Disagree Neutral Agree Strongly agree I do not walk or ride my bike to school.

29. 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

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

- No Yes



31. 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.

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

Strongly disagree Disagree Neutral Agree Strongly agree

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

No Yes

34. 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

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

No Yes

36. 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

37. 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

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

Strongly disagree Disagree Neutral Agree Strongly agree

39. During a typical day, how many hours do you spend on a media device for a purpose other than homework (for example, phone, gaming system, laptop/tablet)?

Less than 1 hour Between 1-3 hours Between 3-6 hours 6 or more hours

40. How often do you use your phone, computer or other device without any rules by my parents/guardians?

Almost never Once in a while Sometimes Frequently Almost always

Drugs, Alcohol and Tobacco

These questions are about tobacco, alcohol and drugs. Remember that no one will see how you answered.



41. Have you ever tried cigarettes, nicotine or electronic vape products?

No Yes

42. Have you ever tried alcohol, marijuana, or any other drugs?

No Yes

43. Have you ever been offered cigarettes, nicotine or electronic vape products?

No Yes

44. Have you ever been offered alcohol, marijuana, or any other drugs?

No Yes

45. Have you ever seen other kids your age using alcohol, marijuana, nicotine or electronic vape products or any other drugs?

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.

46. What is your gender?

Female Male Prefer not to answer

47. What grade are you in?

3 4 5

48. 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/Caucasia Multiple Races / Multiracial Not Listed Above

49. Do you have your own cell phone?

YES NO

50. Is English your first language?

No Yes



51. Do you have your own cell phone?

Yes No

52. Are you involved in any extracurricular activities (clubs, sports, art classes, etc.)?

No Yes

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

No Yes I don't know

54. Do you receive special education services?

No Yes I don't know

55. 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