



2024 Virginia School Survey of Climate and Working Conditions: STUDENT VERSION – GRADES 9 THROUGH 12

*This is a review copy, not for circulation or use. The actual survey is taken online with formatting for ease of navigation. Questions are grouped around school climate topics (in **BOLD CAPS** below). These topic groupings do not appear in the online survey.*

Instructions for staff administering this survey as a read-aloud accommodation:

This survey uses skip logic so that some questions are not asked of all students depending on their responses to earlier questions. We have noted that skip logic in this PDF preview of the survey. These skip logic notations do not appear on the online survey.

Do you want to take the survey in English or Spanish? *Mark one.*

<input type="checkbox"/>	English
<input type="checkbox"/>	Spanish

Instructions for students:

This survey is being given to students across Virginia. The questions will ask how you feel about your school and how students get along with one another and with adults at your school. We want to know your opinion to learn ways to improve your school. When you answer the questions about your school, please think about the way things have been since this school year started.

Your individual answers to these survey questions are anonymous. No one will know how you answered. Student answers will be summarized in a report to the school that does not include any names.

You will see several screens of questions, and it should take about 25–30 minutes to complete the survey. Use the “Next” and “Previous” buttons at the bottom of the screen to go to the next or previous page.

Be careful! **Do not use the back button of your browser** to go back to the previous page. If you use the browser button, your results will be lost, and you will need to start the survey again.

Below, please enter your Access Code for taking this survey. Your teacher should have this number for you. All students in your school will have the same code, so you will not be identified by this code.

(If you are a staff member wishing to preview the survey or administering the survey as a read-aloud accommodation, please see the instruction packet provided to your school’s survey point of contact.)

What is your Access Code for taking this survey? _____

SECTION I: General Questions

1. You logged in to the survey as a student from: {display school name and division name}
Is this information correct? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

- 1.1. (Ask if respondent chose “No” to question 1.) Please select your school division and school name from the lists below.

[Dropdown menu of divisions that then populates a list of schools within the division chosen]

2. What grade are you in this year? *Mark one.*

<input type="checkbox"/>	9 th Grade
<input type="checkbox"/>	10 th Grade
<input type="checkbox"/>	11 th Grade
<input type="checkbox"/>	12 th Grade

3. How many years (including this year) have you been a student at this school? *Mark one.*

<input type="checkbox"/>	This is my first year at this school.
<input type="checkbox"/>	This is my second year at this school.
<input type="checkbox"/>	This is my third year at this school.
<input type="checkbox"/>	This is my fourth (or more) year at this school.

4. How have you attended classes this school year? *Mark one.*

<input type="checkbox"/>	I have only attended classes remotely (e.g., at home). <i>(Students selecting this response will not be asked the questions below that are marked with *.)</i>
<input type="checkbox"/>	I have attended classes in-person and remotely (e.g., at home).
<input type="checkbox"/>	I have only attended classes in-person.

SECTION II: Relationships and School Supports

5. Please indicate if and why you have a difficult time participating in academic or extracurricular activities. *Mark all that apply.*

<input type="checkbox"/>	I do not have a difficult time participating.
<input type="checkbox"/>	I chose not to participate because the activities are not of interest to me.
<input type="checkbox"/>	I chose not to participate because of other obligations or outside activities.
<input type="checkbox"/>	I chose not to participate because I worry that I will not fit in or will not be welcomed.
<input type="checkbox"/>	I chose not to participate because I don't feel safe in and around the school.

- 5.1 (Ask only if answered “I chose not to participate because I worry that I will not fit in or will not be welcomed” to question 5.) What makes you feel that you will not fit in or will not be welcomed?

<input type="checkbox"/>	My race or ethnicity
<input type="checkbox"/>	My academic abilities

<input type="checkbox"/>	My physical appearance
<input type="checkbox"/>	My having too little or too much money
<input type="checkbox"/>	My gender or gender identity
<input type="checkbox"/>	My sexual orientation
<input type="checkbox"/>	My disability
<input type="checkbox"/>	Another reason: _____

A. RELATIONSHIPS AMONG STUDENTS

How strongly do you agree or disagree with the following statements? *Mark one response per line.*

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
6. I get along well with other students at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I care about other students at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I feel that other students at this school care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. SOCIAL-EMOTIONAL LEARNING

How strongly do you agree or disagree with the following statements? *Mark one response per line.*

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
9. I stop and think before doing anything when I get angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I work out disagreements with other students by talking with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I can disagree with others without starting an argument or a fight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I know how to decide right from wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I can control myself when I am upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. RELATIONSHIPS BETWEEN STUDENTS AND ADULTS

How strongly do you agree or disagree with the following statements about this school? Mark one response per line.

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
14. Adults at this school care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Adults at this school treat me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Adults at this school want me to do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Adults at this school listen to what I have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Adults at this school have my respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Adults at this school notice if I am absent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a positive relationship with any adults in your schools? Mark all that apply.

	Yes
20. The principal or assistant principal	<input type="checkbox"/>
21. A teacher	<input type="checkbox"/>
22. A counselor	<input type="checkbox"/>
23. The School Resource Officer (SRO)	<input type="checkbox"/>
24. The School Security Officer (SSO)	<input type="checkbox"/>
25. An adult that shares my racial, ethnic, or cultural background	<input type="checkbox"/>
26. An adult that does not share my racial, ethnic, or cultural background	<input type="checkbox"/>
27. I do not have a positive relationship with any adult at this school.	<input type="checkbox"/>

D. MANAGING STUDENT BEHAVIOR

How strongly do you agree or disagree with the following statements about this school? *Mark one response per line.*

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
28. The school rules are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I know the consequences if I break a school rule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. When students are accused of doing something wrong, they get a chance to explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Adults at this school are good at acknowledging positive behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Adults at this school are good at addressing bullying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Adults at this school are good at addressing racially motivated behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. The consequences for breaking school rules are the same for all students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34.1(Ask only if answered “Strongly Disagree”, “Disagree”, or “Slightly Disagree” to question 34.) What do you believe causes differences in the consequences for breaking school rules? *Mark all that apply.*

<input type="checkbox"/>	The student’s race or ethnicity
<input type="checkbox"/>	The student’s academic abilities
<input type="checkbox"/>	The student’s physical appearance
<input type="checkbox"/>	The student having too little or too much money
<input type="checkbox"/>	The student’s gender or gender identity
<input type="checkbox"/>	The student’s sexual orientation
<input type="checkbox"/>	The student’s disability
<input type="checkbox"/>	Another reason: _____
<input type="checkbox"/>	I do not know
<input type="checkbox"/>	None of the above

SECTION III: Safety

A. GENERAL SAFETY

How strongly do you agree or disagree with the following statements? *Mark one response per line.*

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
35. * I feel safe traveling between my home and the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. * I feel safe outside on the grounds of the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. * I feel safe in the hallways and bathrooms of the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I feel safe in my classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. * During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? *Mark one.*

<input type="checkbox"/>	Never
<input type="checkbox"/>	1–2 Days
<input type="checkbox"/>	3–5 Days
<input type="checkbox"/>	6–10 Days
<input type="checkbox"/>	More than 10 Days

How strongly do you agree or disagree with the following statements? *Mark one response per line.*

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
40. I know what to do if there is an emergency, natural disaster (such as a tornado or a flood), or a dangerous situation (such as a violent person on campus) during the school day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. If I heard about a threat to school or students' safety, I would report it to someone in a position of authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. If other students hear about a threat to the school or students' safety, they would report it to someone in authority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. * Has anyone offered, sold, or given you alcohol or drugs while at school, at a school-sponsored event, on a school bus, or on your way to or from school this year? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

44. Are you aware if your school uses a team to assess threats of violence from students or other individuals? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

B. PREVALENCE OF BULLYING

Use this definition of bullying when answering the questions below.

- Bullying is when someone is **repeatedly** being hurt either by words or actions on purpose.
- Bullying is the **repeated** use of one's strength or popularity to injure, threaten, or embarrass another person on purpose.
- Bullying makes the person being bullied feel intimidated or humiliated.
- Bullying happens **repeatedly** over time.
- Bullying can be physical, verbal, or social and includes cyber bullying.
- Bullying does not include teasing or horseplay. It is not bullying when two students who have the same strength or popularity have a fight or an argument.

How strongly do you agree or disagree with the following statements about this school? *Mark one response per line.*

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
45. Bullying is a problem at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Students at this school are bullied about their race or ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Students at this school are bullied about their sexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Students at this school are bullied about their physical appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Students at this school are bullied for having too little or too much money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Students at this school are bullied about their disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Have you been bullied this school year? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

51.1(Ask only if answered "Yes" to question 51.) What do you believe motivated the bullying? *Mark all that apply.*

<input type="checkbox"/>	My race or ethnicity
<input type="checkbox"/>	My academic abilities
<input type="checkbox"/>	My physical appearance
<input type="checkbox"/>	My having too little or too much money
<input type="checkbox"/>	My gender or gender identity
<input type="checkbox"/>	My sexual orientation
<input type="checkbox"/>	My disability
<input type="checkbox"/>	Another reason: _____
<input type="checkbox"/>	I do not know
<input type="checkbox"/>	None of the above

52. Have you participated in bullying another student this school year? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

	Yes	No
53. Has another student spread rumors or lies about you online or on social media this school year?	<input type="checkbox"/>	<input type="checkbox"/>
54. Have you spread rumors or lies about another student online or on social media this school year?	<input type="checkbox"/>	<input type="checkbox"/>
55. Has another student at your school made unwelcome sexual comments, jokes, or gestures that made you feel uncomfortable this school year?	<input type="checkbox"/>	<input type="checkbox"/>
56. Do adults at this school take action to solve the problem when students report bullying?	<input type="checkbox"/>	<input type="checkbox"/>
57. Do any adults at this school bully students?	<input type="checkbox"/>	<input type="checkbox"/>
58. Have you been bullied by an adult at this school this year?	<input type="checkbox"/>	<input type="checkbox"/>

C. STUDENT AGGRESSION

	Never	Rarely	Sometimes	Often	Always
59. * How often do you worry about violence at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. * How often do students get into physical fights at your school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have any of the following happened to you personally at school this year? *Mark one response per line.*

	Never	One Time	More than Once	Many Times
61. A student threatened to harm me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. * A student physically attacked, pushed, or hit me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. * I was in a physical fight on school property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. * A student stole or damaged my personal property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61–64.1* (Ask only if answered something other than “Never” to any question 61–64.) What do you believe motivated these actions? *Check all that apply.*

<input type="checkbox"/>	My race or ethnicity
<input type="checkbox"/>	My academic abilities
<input type="checkbox"/>	My physical appearance
<input type="checkbox"/>	My having too little or too much money
<input type="checkbox"/>	My gender or gender identity
<input type="checkbox"/>	My sexual orientation
<input type="checkbox"/>	My disability
<input type="checkbox"/>	None of the above
<input type="checkbox"/>	I do not know

65. * Are there gangs at your school? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

65.1* (Ask only if answered “Yes” to question 65.) Have gangs caused problems at your school this year (e.g., fights, sale of drugs)? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

65.2* (Ask only if answered “Yes” to question 65.) Have you considered joining a gang this year? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

D. SCHOOL RESOURCE AND SECURITY OFFICERS

Use these definitions of a School Resource Officer and School Security Officer when answering the questions below.

- A **School Resource Officer (SRO)** is employed by the Police Department or Sheriff’s Office and is assigned to the school to assist with matters related to safety, security, and the law.
- A **School Security Officer (SSO)** is employed by the school division for the purpose of enforcing the school’s Code of Conduct by maintaining order and discipline, preventing crimes, and investigating violations of school board policies and school rules.

66. Does your school have a School Resource Officer (SRO)? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

66.1(Ask only if answered “No” or “Do not know” to question 66.) Did your school have a School Resource Officer (SRO) in previous years? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

66.2(Ask only if answered “No” or “Do not know” to question 66.) Would you feel safer if your school had an SRO? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

How strongly do you agree or disagree with the following statements about this school? *Mark one response per line.*

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro n g ly A gr ee
<i>(Ask only if answered “Yes” to question 66.)</i>						
66.3. The School Resource Officer (SRO) makes me feel safe at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66.4. The School Resource Officer (SRO) makes a positive contribution to our school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Does your school have a School Security Officer (SSO)? *Mark one.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

67.1 (Ask only if answered “No” or “Do not know” to question 67.) Did your school have a School Security Officer (SSO) in previous years? Mark one.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

67.2 (Ask only if answered “No” or “Do not know” to question 67.) Would you feel safer if your school had an SSO? Mark one.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

How strongly do you agree or disagree with the following statements about this school? Mark one response per line.

(Ask only if answered “Yes” to question 67.)	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
67.3. The School Security Officer (SSO) makes me feel safe at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67.4. The School Security Officer (SSO) makes a positive contribution to our school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION IV: Well-being

68. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

How often over the last 2 weeks were you bothered by the following? Mark one response per line.

	Not at all	Several days	More than half the days	Nearly every day
69. Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Having little interest or pleasure doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How strongly do you agree or disagree with the following statements about this school? *Mark one response per line.*

	St ro ng ly Di sa gr ee	Di sa gr ee	Sli gh tly Di sa gr ee	Sli gh tly Ag re e	Ag re e	St ro ng ly Ag re e
73. The adults in my school care about students' well-being and mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. I am satisfied with the level of mental health supports, services, and programs available to students in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. The adults in my school are supportive of students' use of mental health services in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76. If you feel sad or hopeless, are there adults that you can turn to for help?

<input type="checkbox"/>	I never feel sad or hopeless
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Not sure

77. During the past 12 months, did you ever seriously consider attempting suicide?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

<i>(Ask only if answered "Yes" to question 77.)</i>	Yes	No
77.1 Did you ask for help from someone such as a doctor or counselor, either in-person, via phone, or online?	<input type="checkbox"/>	<input type="checkbox"/>
77.2 During the past 12 months, did you make a plan about how you would attempt suicide?	<input type="checkbox"/>	<input type="checkbox"/>

77.3 *(Ask only if answered "Yes" to question 77.)* During the past 12 months, how many times did you actually attempt suicide?

<input type="checkbox"/>	0 Times
<input type="checkbox"/>	1 Time
<input type="checkbox"/>	2 or 3 Times
<input type="checkbox"/>	4 or 5 Times
<input type="checkbox"/>	6 or More Times

	Yes	No
78. If I am having thought of suicide or mental distress, I know where to turn for help.		
79. If another student talked about causing harm to themselves, I would tell an adult at school.	<input type="checkbox"/>	<input type="checkbox"/>

80. Have you participated in any suicide prevention or mental health training?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

SECTION V: Summary

81. How positive or negative is the atmosphere of the school? *Mark one.*

<input type="checkbox"/>	Very negative
<input type="checkbox"/>	Negative
<input type="checkbox"/>	Slightly negative
<input type="checkbox"/>	Slightly positive
<input type="checkbox"/>	Positive
<input type="checkbox"/>	Very positive

82. How does your school’s atmosphere impact your learning? *Mark one.*

<input type="checkbox"/>	It has a very negative impact.
<input type="checkbox"/>	It has a negative impact.
<input type="checkbox"/>	It has a slightly negative impact.
<input type="checkbox"/>	It has no impact.
<input type="checkbox"/>	It has a slightly positive impact.
<input type="checkbox"/>	It has a positive impact.
<input type="checkbox"/>	It has a very positive impact.

83. *(Ask only if did not answer “This is my first year at this school” to question 4.)* Since you have been at this school, how has the overall school atmosphere changed? *Mark one.*

<input type="checkbox"/>	Become much worse
<input type="checkbox"/>	Become worse
<input type="checkbox"/>	Become slightly worse
<input type="checkbox"/>	Stayed about the same
<input type="checkbox"/>	Become slightly better
<input type="checkbox"/>	Become better
<input type="checkbox"/>	Become much better

SECTION VI: Concluding Questions

84. How many days have you been absent from school this year? *Mark one.*

<input type="checkbox"/>	0 days
<input type="checkbox"/>	1–5 days
<input type="checkbox"/>	6–10 days
<input type="checkbox"/>	More than 10 days

85. How many days have you been suspended out of school this year? *Mark one.*

<input type="checkbox"/>	I have not been suspended from school this year.
<input type="checkbox"/>	I have been suspended for one day.
<input type="checkbox"/>	I have been suspended for two days.
<input type="checkbox"/>	I have been suspended for three days.
<input type="checkbox"/>	I have been suspended for four days.
<input type="checkbox"/>	I have been suspended five or more days.

The following questions are asked of all respondents to better understand whether groups of individuals experience school climate differently.

86. How do you describe your gender?? *Mark one.*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Non-binary
<input type="checkbox"/>	Prefer not to disclose

87. Are you of Hispanic, Latino, or Spanish origin? *Mark one.*

<input type="checkbox"/>	No, not of Hispanic, Latino, or Spanish Origin
<input type="checkbox"/>	Yes, Mexican, Mexican American or Chicano
<input type="checkbox"/>	Yes, Puerto Rican
<input type="checkbox"/>	Yes, Cuban
<input type="checkbox"/>	Yes, another Hispanic, Latino or Spanish Origin (e.g., Salvadorian, Dominican, Colombian, Guatemalan, etc.)

88. What is the best description of your race or origin? *If you are multi-racial, mark all that apply.*

<input type="checkbox"/>	American Indian or Alaska Native (e.g., Navajo Nation, Mayan, Aztec, etc.)
<input type="checkbox"/>	Asian (e.g., Chinese, Vietnamese, Korean, Filipino, Japanese, etc.)
<input type="checkbox"/>	Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, etc.)
<input type="checkbox"/>	Native Hawaiian or Pacific Islander (e.g., Samoan, Chamorro, etc.)
<input type="checkbox"/>	White (e.g., German, Irish, English, Italian, Egyptian, etc.)
<input type="checkbox"/>	Other Race

89. Do you have any of the following educational plans? *Mark one response per line.*

	Yes	No	Do not know
Individual Education Plan (IEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 504 Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited English Proficiency (LEP) Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90. How old are you? *Select your age from the dropdown menu.*
 [Dropdown menu of ages, e.g., 10 years old to 20 years old]

A representative selection of health and wellness resources are provided below. This is not an exhaustive list of local, state, and national resources that are available to you. If you need help, contact one of these organizations or talk to a trusted adult or colleague.

[List will appear in the online version of this survey.]