

**Parent Survey**

<b>What is the name of your school?</b>	_____
<b>How many children do you have attending this school?</b>	_____
<b>What is your grade is your oldest child in?</b>	_____
<b>How are you related to your oldest child?</b>	_____
<b>How long has your oldest child been at this school?</b>	_____
<b>How does your oldest child typically get to school?</b>	_____

**Please circle the answer that most applies to YOUR OLDEST CHILD'S experiences this school year.**

<b>My child's school is generally clean</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child has friends at this school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Arguments among students in school are common</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Fights among students are rare at school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Threats by students against one another are rare</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Some students are regularly beaten up by other students</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Some students are regularly picked on, called names, or teased by other students</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

<b>My child has had something stolen at school this year</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child generally feels safe at school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child feels safe on school grounds before school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child feels safe on school grounds after school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child feels safe in the school lunchroom</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child feels safe in the school hallways</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child feels safe in the school bathrooms</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child feels safe in the classrooms</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child feels safe at the school playground and/or athletic facilities</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child feels safe going to and from school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child behaves well in school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Some students are getting away with too much</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child knows the school rules</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Teachers enforce the school rules</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Teachers listen to my child when there is a problem</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>The rules for punishing students are applied fairly</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>This school holds fire drills once per month</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>This school holds drills on emergencies, other than fire drills, twice per school year</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>This school is prepared for any emergency</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

<b>This school provides guidance and counseling services my child needs</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>The school regularly meets with parents</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>I feel welcome at the school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>I can share problems I observe with teachers and administrators</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>My child is learning a lot in school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Overall I think this is a safe school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>This school is doing a good job</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>I am proud of this school</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

**During this school year, how many times have YOUR OLDEST CHILD experienced and/or witnessed the following problems in your school?**

<b>Verbal threats in school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Physical violence in school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Students with weapons in school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Students with drugs or alcohol in school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Drugs sold in school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Teasing or bullying in school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Gang activity in school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Stealing in school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Vandalism of school property</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Discrimination or bigotry at school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily
<b>Violence in the community around the school</b>	Never	One Time This Year	One Time Per Month	One Time Per Week	Daily