

## PROJECT SPEAK UP! Sample Parent Survey

Speak Up!



*Thank you for attending Speak Up! tonight. Audiences have universally said they were profoundly impacted by the play and discussion afterward. In an effort to inform both next steps for this project, and education and support at our school, we ask that you share your thoughts and experience in the following anonymous survey. Please take care not to include any identifying information in the free responses. If you have any specific questions or concerns, please contact \_\_\_\_\_ Thank you!*

- 1) What is your relationship to the student(s) at our school?  
 Mother       Father       Other \_\_\_\_\_
- 2) If you are the parent of a student, what year is your student? (*check more if you have more than one upperclassman student*)  
 Junior       Senior
- 3) Is your student:  
 Male       Female
- 4) Have you or someone you know been PERSONALLY affected by any of the issues in the play?  
 Yes       No       Not sure
- 5) Have any of your children been PERSONALLY affected by any of the issues in the play?  
 Yes       No       Not sure
- 6) If yes, was the school involved in any way (i.e.: incident occurred there, or faculty or staff notified)?  
 Yes       No       Not sure
- 7) What theme in the play resonated most with you?  
(*Rank in order of resonance, 1 resonated most to 6 resonated least*)

_____ Bullying/harassment	_____ Sexual identity
_____ Assault	_____ Suicide
_____ Relationship abuse	_____ Depression
- 8) How prevalent do you feel the following issues are amongst the student body?  
(*Rank 1-5: 1-very prevalent, 2-somewhat prevalent, 3-neutral, 4-not very prevalent, 5-not at all prevalent*)

_____ Bullying/harassment	_____ Sexual identity
_____ Assault	_____ Suicide
_____ Relationship abuse	_____ Depression

9) How well do you feel the school has educated and provided resources on the following issues?

(Rank 1-5: 1-very well, 2-somewhat well, 3-neutral, 4-not very well, 5-not well at all)

\_\_\_\_ Bullying/harassment  
\_\_\_\_ Assault  
\_\_\_\_ Relationship abuse

\_\_\_\_ Sexual identity  
\_\_\_\_ Suicide  
\_\_\_\_ Depression

10) Do you feel comfortable talking to your student's counselor, teacher or school psychologist about your concerns for your student's wellbeing?

Yes      No      Not sure

11) To what extent do you feel that the school's identity increases the likelihood that these issues are addressed properly?

(Rank 1-5: 1-very likely, 2-somewhat likely, 3-neutral, 4-not very likely, 5-not at all likely)

\_\_\_\_ Bullying/harassment  
\_\_\_\_ Assault  
\_\_\_\_ Relationship abuse

\_\_\_\_ Sexual identity  
\_\_\_\_ Suicide  
\_\_\_\_ Depression

12) Would you like to see more parent education regarding these issues?

Yes      No      Not sure

13) Would you like to see more student education regarding these issues?

Yes      No      Not sure

14) Would you like to see Speak Up! performed for students?

Yes      No      Not sure

15) Do you think your student has a strong connection to at least one adult on campus?

Yes      No      Not sure

16) If yes, who is that adult?

<input type="checkbox"/> Teacher	<input type="checkbox"/> Member of Campus Ministry
<input type="checkbox"/> Counselor	<input type="checkbox"/> Nurse
<input type="checkbox"/> School psychologist	<input type="checkbox"/> Dean
<input type="checkbox"/> Coach	<input type="checkbox"/> Other _____

17) How confident do you feel that you know where to go, what to say, and what to do if your student or one of their friends said they needed help with a traumatic or life-threatening issue?

(Rank 1-5: 1-very confident, 2-somewhat confident, 3-neutral, 4-not very confident, 5-not at all confident) \_\_\_\_\_

18) Aside from a Google search on the Internet, where would you go to learn more about these issues and others that affect youth (including disordered eating, substance abuse, reckless behavior, anxiety, depression)?

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19) BEFORE seeing this play, how likely were you to listen to AND be prepared to respond to your child or their friends when they tried to “speak up”?

*(Rank 1-5: 1-very likely, 2-somewhat likely, 3-neutral, 4-not very likely, 5-not at all likely)*

\_\_\_\_\_

20) AFTER seeing this play, how likely are you to listen to AND be prepared to respond to your child or their friends when they try to “speak up”?

*(Rank 1-5: 1-very likely, 2-somewhat likely, 3-neutral, 4-not very likely, 5-not at all likely)*

\_\_\_\_\_

21) What, if anything, will you do differently after seeing the play?

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22) How do you think adults can better support today’s generation of adolescents?

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23) The Speak Up! panel challenged you to start a conversation with your child about what they are experiencing, seeing and hearing. Will you do that?

Yes

No

24) Do you have any other feedback? \_\_\_\_\_

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