3.10d Survey Station

School Safety

Instructions: Fill out this survey with your own answers to the questions asked. Where there is a blank, make up a question that would help answer the research questions.

**CIRCLE A NUMBER THAT DESCRIBES HOW TRUE EACH STATEMENT IS FOR YOU, USING THE SCALE:**

|  |  |
| --- | --- |
| 1. There is someone at school that I feel comfortable talking to when I have a problem. | 1 2 3 4  Not true Somewhat Very true |
| 2. I feel physically safe at school. | 1 2 3 4  Not true Somewhat Very true |
| 3. (Write your own question.) | 1 2 3 4  Not true Somewhat Very true |

**FOR EACH QUESTION BELOW, CIRCLE YES, NO, OR MAYBE:**

4. I think our school is safe for all students. Yes No Maybe

5. (Write your own question) Yes No Maybe

**FOR THE QUESTIONS BELOW, CIRCLE THE OPINION THAT BEST REPRESENTS YOUR OPINION:**

6. What can we do to improve safety at school?

1. Smaller classes
2. Increased monitoring of hallways
3. Have more activities for students to get involved with
4. Time for teachers and students to get to know each other
5. Have strict consequences for students
6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Write your own question: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a)

b)

c)

d)

8. Your age: \_\_\_\_\_\_ 9. Your grade: \_\_\_\_\_\_ 10. Female Male (circle one)