

Student Survey for SCHOOL SAFETY

Never	Some	Often	1. How often do you see the following activities at school?
			Physical bullying (hitting, shoving)
			Social bullying (spreading rumors, excluding)
			Verbal bullying (making hurtful remarks)
			Cyberbullying (posting unkind comments on social media, sending mean texts)
			Hazing at school
			Threatening violence at school or online
			Drugs/alcohol at school
			Bringing weapons to school
			Hate speech at school or online (racism, sexism, homophobia)

2. Do you feel safe throughout your school?

YES	NO	
		Hallways
		Restrooms
		Cafeteria
		All classes
		Parking lot
		Going to and from school

3. We want your school to be a safe and empowering place to learn. How are we doing?

YES	NO	
		Do your teachers, counselors, and other staff seem concerned about your safety?
		If you saw something that concerned you, would you report it?

4. What can we do to make you feel safer at school?

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