(School Name) is asking you to complete this questionnaire in order to identify ways we can support your success in school and life. Please answer each question to the best of your ability, and honestly. Thank you!

**Information about you:**

Are you ___ Male (boy) or ___ Female (girl)?

How old are you?

___ 9 ___ 10 ___ 11 ___ 12 ___ 13 ___ 14 ___ Older than 14

What grade are you in?

___ 4th ___ 5th ___ 6th ___ 7th ___ 8th

How do you describe yourself or your family?

___ Latino (Mexican, Latin American, Puerto Rican)
___ African American (Black)
___ White (Caucasian)
___ Asian
___ Native American
___ Other

What language do you speak at home? (may choose more than one)

___ English ___ Spanish ___ Polish ___ Chinese ___ Indian (dialects) ___ Other

Tell us about your brothers or sisters?

Brothers ___ (how many) Brother’s Age(s) ___ ___ ___ ___ ___

Sisters ___ (how many) Sister’s Age(s) ___ ___ ___ ___ ___
**Information about you and your school:**

Please say whether you agree or disagree with these statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in my school get along well with one another.</td>
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<tr>
<td>Teachers in my school like students in this school.</td>
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<tr>
<td>My teacher listens to me.</td>
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<tr>
<td>I can ask my teacher with help when I don’t understand my work.</td>
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<tr>
<td>Adults in this school treat students with respect.</td>
<td></td>
<td></td>
</tr>
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<td>Students in this school treat adults with respect.</td>
<td></td>
<td></td>
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<tr>
<td>I feel safe in my school.</td>
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<tr>
<td>I like to come to school.</td>
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<tr>
<td>There are plenty of adults at my school to ask for help with school work.</td>
<td></td>
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<tr>
<td>I could use more help with reading.</td>
<td></td>
<td></td>
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<tr>
<td>I could use more help with math.</td>
<td></td>
<td></td>
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<tr>
<td>I could use more help with science.</td>
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</tbody>
</table>

How much time do you spend doing homework outside of your regular school day? (including afterschool programs)  ___ <1/2 hour ___ ½-1 hour ___ 1-2 hours ___ no time

Who helps you with your homework when you need it? (choose all that apply)

___ Parents
___ Grandparents or other guardians
___ Other relatives (older brothers/sisters, aunts uncles)
___ friends
___ teachers
___ Afterschool programs
___ Tutor
___ Other

Who talks to you about your school work? (choose all that apply)

___ Parents
___ Grandparents or other guardians
___ Other relatives (older brothers/sisters, aunts uncles)
___ friends
___ teachers
___ Afterschool programs
How has your attendance at school been in the last month?
___ I was not absent on any school day    ___ I was absent one day
___ I was absent 2 days                        ___ I was absent 3 or 4 days ___ I was absent more than 4 days

Why do you usually miss school if you are absent?
___ I am sick                                ___ I have no way to get to school
___ my parent needs me at home               ___ I do not want to come to school
___ I don’t know

How has your behavior been at school in the last month?
___ I never got into trouble                  ___ I almost never got into trouble
___ I got into trouble in class               ___ I got sent to the office

Have you ever been suspended from school?
___ Yes ___ No   How many times? ___

How are you doing in school?
___ My grades are good ___ My grades are okay ___ My grades are not good

What do you think would help you do better in school?
____________________________________________________
__________________________________________________________________________________________________

When you are at school...

Do you get bullied?    ___ Yes    ___ No    ___ Sometimes ___ Often
Do you get teased?     ___ Yes    ___ No    ___ Sometimes ___ Often
Do you get hit/hurt?   ___ Yes    ___ No    ___ Sometimes ___ Often
Do you feel happy?     ___ Yes    ___ No    ___ Sometimes ___ Often
Do you feel interested? ___ Yes    ___ No    ___ Sometimes ___ Often
When you are not in school, do you...

Spend time with a church group? ___ Yes ___ No ___ Sometimes ___ Often

Play sports or other outdoor games? ___ Yes ___ No ___ Sometimes ___ Often

Participate in school sports and activities? ___ Yes ___ No ___ Sometimes ___ Often

Participate in school clubs? ___ Yes ___ No ___ Sometimes ___ Often

Go to afterschool programs in school? ___ Yes ___ No ___ Sometimes ___ Often

Go to afterschool programs not in school? ___ Yes ___ No ___ Sometimes ___ Often

Go to a community pool? ___ Yes ___ No ___ Sometimes ___ Often

Go to community library? ___ Yes ___ No ___ Sometimes ___ Often

Take art, music or dance lessons? ___ Yes ___ No ___ Sometimes ___ Often

Go to a community center? ___ Yes ___ No ___ Sometimes ___ Often

Babysit your brothers/sisters? ___ Yes ___ No ___ Sometimes ___ Often

Use a community computer center? ___ Yes ___ No ___ Sometimes ___ Often

Use a computer at home? ___ Yes ___ No ___ Sometimes ___ Often

Play video games? ___ Yes ___ No ___ Sometimes ___ Often

In the past 6 months have you used:
___ Cigarettes ___ Beer ___ Alcohol ___ Marijuana ___ Other Drugs ___ None of these

What activities would you like to have in your school during or afterschool?
___ School Help ___ Doctor/Nurse ___ Counselor ___ Dentist ___ Eye Doctor
___ Sports ___ Art ___ Dance ___ Music ___ Games ___ Theatre
___ Movies ___ Computer Class