

• Use a No. 2 pencil only

CORRECT: ● INCORRECT: ☒ ☓ ○

May not be used without permission of Pride Surveys

Thank you for taking the time to complete this survey. Your opinions count toward creating a safe, productive school setting. A few things you should know about the survey:

1. All of your responses are completely confidential. No one will know how you respond.
2. There are no right or wrong answers on the survey. Answer each question based on what you think or feel about the issue. While it is important to complete all items, you may skip a question if you do not wish to answer it.
3. YOU MUST USE A NO. 2 PENCIL TO COMPLETE THE FORM.
4. Do not fold, staple, paper clip or otherwise alter this form.

I. INFORMATION ABOUT MYSELF

I am the student's:

- Mother/Stepmother
- Father/Stepfather
- Grandmother
- Grandfather
- Guardian
- Other

I am :

- Married
- Separated
- Divorced
- Remarried
- Single
- Widowed

I am :

- White
- African American
- Hispanic/Latino
- Asian/Pacific Islander
- Native American
- Mixed Origin
- Other

II. INFORMATION ABOUT MY CHILD

If you have more than one child in school, please answer your answers on your oldest qualifying child, unless otherwise instructed.

My child is:

- Male
- Female

My child is in grade:

- | | | |
|------------------------------------|-------------------------|--------------------------|
| <input type="radio"/> Kindergarten | <input type="radio"/> 5 | <input type="radio"/> 9 |
| <input type="radio"/> 1 | <input type="radio"/> 6 | <input type="radio"/> 10 |
| <input type="radio"/> 2 | <input type="radio"/> 7 | <input type="radio"/> 11 |
| <input type="radio"/> 3 | <input type="radio"/> 8 | <input type="radio"/> 12 |

III. SCHOOL ENGAGEMENT

Please indicate how much you disagree or agree with the following:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My child goes to school prepared to put forth the required effort to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Teachers encourage me to be an active participant in my child's education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The school's principal(s) encourage me to be an active participant in my child's education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Teachers give me good ideas on how to help my child continue to learn at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It is easy to contact my child's teacher when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It is easy to contact my child's principal(s) when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Teachers include me in decisions about my child's education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. The principal(s) include me in decisions about my child's education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I attend parent/teacher conferences when requested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My child's school offers good instruction on the core subjects (language arts, math, science, and social studies).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child's school prepares my child well for the next grade level (or college, if graduating senior).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My child's school does a good job of adjusting to each student's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IV. FAMILY ENGAGEMENT

Please indicate how often the following occur:

	NEVER	SOMETIMES	OFTEN	A LOT
1. My child attends church, synagogue, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I assist my child with his/her homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I do volunteer work for my child's school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child participates in community activities such as scouts, recreation teams, youth clubs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child participates in school activities such as band, clubs, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My child has skipped school without my permission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I set clear rules for my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I punish my child when he/she breaks the rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I attend PTA meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

V. ACADEMIC ACHIEVEMENT (Part 1)

Please indicate how much you disagree or agree with the following:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. My child makes good grades in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child's school is a good place for him/her to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child takes pride in his/her academic accomplishments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. At my child's school, students don't care about their school grades.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. At my child's school, students come to school prepared to learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My child's school has plenty of textbooks and other supplies for lessons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

V. ACADEMIC ACHIEVEMENT (Part 2)

At my child's school, the following interfere with my child's learning:

	NOT AT ALL	SOMEWHAT	A LOT
7. Racial / ethnic conflict between students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Gang-related activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Bullying (verbal, physical, emotional)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Cyber-bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Student absences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Fights and other violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Alcohol and other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VI. GENERAL STUDENT LIFE

At my child's school:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. Students respect their teachers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child's teacher likes being a teacher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. There is an atmosphere of trust and mutual respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The principal(s) enforces school rules for student conduct and backs up teachers when they need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Students have pride in their school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The school is clean and kept in good condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The principals, teachers and other staff could do more to make the school a safer place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Students respect each other's differences (for example, race, culture, background).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Teachers respect students' differences (for example, race, culture, background).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VII. STUDENT SAFETY

Please indicate how often the following occur:

	NEVER	SOMETIMES	OFTEN	A LOT
1. My child gets into trouble at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am afraid my child will be hurt at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child takes part in gang activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child has been threatened with a gun, knife or club at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child's school sets clear rules on using drugs at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My child's school sets clear rules on bullying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

While at school, my child feels safe...

	NEVER	SOMETIMES	OFTEN	A LOT
7. In the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the cafeteria (lunchroom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the halls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. In the gym	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. On the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. At school events (ballgames, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. On the playground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. In the parking lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VIII. ALCOHOL, TOBACCO AND DRUG USE

A. During the past 30 days, has your child:

	YES	NO	DON'T KNOW
1. Smoked part or all of a cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Drunk one or more drinks of an alcoholic beverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Used marijuana (pot, hashish, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Used prescription drugs not prescribed to him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. How wrong do you feel it is for your child to...

	NOT AT ALL WRONG	A LITTLE WRONG	VERY WRONG	EXTREMELY WRONG
1. Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smoke marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use prescription drugs not prescribed to him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Think about your child's friends. Do these friends feel it is wrong if your child:

	NOT AT ALL WRONG	A LITTLE WRONG	VERY WRONG	EXTREMELY WRONG
1. Smokes tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Smokes marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Uses prescription drugs not prescribed to him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IX. IMPRESSIONS ABOUT DRUG USE

How much do you think your child risks harming himself/herself (physically or in other ways):

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK
1. If he/she smokes one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If he/she has five or more drinks of an alcoholic beverage once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If he/she takes one or two drinks of an alcoholic beverage nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If he/she smokes marijuana once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If he/she uses prescription drugs not prescribed to him/her?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

X. ADDITIONAL QUESTIONS

- A B C D E F G H
- A B C D E F G H
- A B C D E F G H
- A B C D E F G H
- A B C D E F G H

THANK YOU FOR YOUR PARTICIPATION