



2005 Preventing School Harassment Survey

ONLY TAKE THIS SURVEY IF YOU ARE A MIDDLE SCHOOL OR HIGH SCHOOL STUDENT. ALL OF YOUR ANSWERS ARE CONFIDENTIAL.

Make more copies for your club, class, or friends! You can download the printable survey at www.casafeschools.org.
Mail completed surveys to the California Safe Schools Coalition at 160 14th St., San Francisco CA 94103.

1. Please read each statement about your school and mark whether you agree or disagree.				
	Strongly Disagree	Disagree	Agree	Strongly Agree
In my school, teachers expect students to respect one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my school, teachers give all students a fair chance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my school, teachers treat students as individuals, not as members of groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my school, teachers really care about the students; <u>all</u> the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my school, students feel safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. My school is safe for:				
	Strongly Disagree	Disagree	Agree	Strongly Agree
... guys who are not as "masculine" as other guys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... girls who are not as "feminine" as other girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... students who are lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... students with LGBTQ parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... teachers and staff who are LGBTQ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please read each statement about yourself and mark whether you agree or disagree.				
	Strongly Disagree	Disagree	Agree	Strongly Agree
I do interesting activities at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school, I help decide things like class activities or rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things at my school that make a difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I am part of my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Not counting adults at home or at school, there is an adult in my life...				
	Strongly Disagree	Disagree	Agree	Strongly Agree
...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I am upset about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who I trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go on to the next page.

5. At my school, there is a teacher or some other adult...				
	Strongly Disagree	Disagree	Agree	Strongly Agree
...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I'm not there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who makes sure that everyone is treated fairly and with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please read each statement about yourself and mark whether you agree or disagree.				
	Strongly Disagree	Disagree	Agree	Strongly Agree
I have goals and plans for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to graduate from high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to go to college or some other school after high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Does your school have a harassment policy that specifically includes:			
	Yes	No	I don't know
... race and ethnicity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... sexual orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... gender identity and expression (meaning it protects guys who aren't as masculine as other guys, girls who aren't as feminine as other girls, and transgender students)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you know of any teachers or staff who openly identify as LGBTQ? Yes No

9. If you wanted information and support from your school about sexual orientation, gender identity, or LGBTQ issues, would you know where to go? Yes No

10. In your classes at school, have you ever learned about LGBTQ people, discussed LGBTQ history or current events, or received information about sexual orientation and gender identity? Yes No I don't know

11. Does your school have a Gay-Straight Alliance or a similar club? Yes No I don't know

11a. If yes, are you a member of the Gay-Straight Alliance or similar club? Yes No

12. California state law protects students from discrimination based on sexual orientation and gender identity in school. Do you know about this law? Yes No

12a. If yes, how did you learn about this law? (Please check all that apply.)

- From my school administration
 From a Gay-Straight Alliance or similar club at school
 From a teacher
 Other: _____

13. How often do you hear other students make negative comments or use slurs based on:				
	Never	Rarely	Sometimes	Often
Race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex (being male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation (being gay, lesbian, bisexual, or queer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender identity or expression (not being "masculine" enough, or not being "feminine" enough, or being transgender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How often do you hear <u>teachers or school staff</u> make negative comments or use slurs based on:				
	Never	Rarely	Sometimes	Often
Race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex (being male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation (being gay, lesbian, bisexual, or queer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender identity or expression (not being "masculine" enough, or not being "feminine" enough, or being transgender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How often do you hear teachers or school staff <u>stop others</u> from making negative comments or using slurs based on:				
	Never	Rarely	Sometimes	Often
Race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex (being male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation (being gay, lesbian, bisexual, or queer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender identity or expression (not being "masculine" enough, or not being "feminine" enough, or being transgender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. During the past 12 months, how many times <u>on school property</u> have you...				
	0 times	1 time	2 to 3 times	4 or more times
...been pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been threatened or injured with a weapon, such as a gun, knife, or club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been afraid of being beaten up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been in a physical fight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...had mean rumors or had lies spread about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...had sexual jokes, comments, or gestures made to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been made fun of because of your looks or the way you talk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...had your property stolen or deliberately damaged, such as your car, clothing, or books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go on to the next page.

17. During the past 12 months, how many times <u>on school property</u> were you harassed or bullied for any of the following reasons?	0 times	1 time	2 to 3 times	4 or more times
Your race, ethnicity, or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sex (being male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your body size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you are gay, lesbian, or bisexual or someone thought you were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you aren't as "masculine" as other guys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you aren't as "feminine" as other girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about you. Please answer them to the best of your ability.

18. What is the name of your school?

19. What city / town do you live in?

20. What state do you live in? _____

21. How old are you? _____

22. What grade are you in? _____

23. What is your gender?

- Male
- Female
- Transgender
- Questioning
- Write-in: _____

24. What is your sexual orientation?

- Gay / lesbian
- Straight / heterosexual
- Bisexual
- Queer
- Questioning
- Write-in: _____

25. How do you describe yourself? (Please check all that apply.)

- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Asian
- Black or African American (non-Hispanic)
- Hispanic or Latino/Latina
- White or Caucasian (non-Hispanic)
- Other: _____

26. During the past 12 months, how would you describe the grades you received in school?

- Mostly A's
- A's and B's
- Mostly B's
- B's and C's
- Mostly C's
- C's and D's
- Mostly D's
- Mostly F's

Comments or questions:

Need support or resources in your area?

Contact Gay-Straight Alliance Network at www.gsanetwork.org or 415-552-4229.

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THANK YOU!