

Delaware School Climate Survey Home Version

1. School Name: _____

2. Please mark which one of the following best describes your relation to the child or student living in the home for which you are completing the survey:

I am the father or stepfather I am the mother or stepmother I am the grandfather

I am the grandmother I am the uncle I am the aunt

I am not related Other

3. Please mark the gender of the student:

Male Female Prefer not to say

4. Mark the student's race/ethnicity:

American Indian or Alaska Native Asian American Black or African American

Native Hawaiian or Other Pacific Islander Hispanic/Latino Multi-Racial

White or Caucasian Prefer not to say

5. Mark the student's grade:

Preschool K 1 2 3 4 5 6 7 8 9 10 11 12

6. Most children with disabilities receive special education services. Children who receive special education services have an Individualized Education Program (IEP) that is signed each year by the child's parent or guardian. Does the student receive special education services and have an IEP?

Yes No I do not know

If your answer is no, please skip #7 and #8 and proceed to Part I of the survey.

7. If the student has a disability and an IEP, please select the student's Primary Disability, as indicated on the student's IEP (if no disability or IEP, please skip this).

- | | | |
|--|--|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Mild Intellectual Disability | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Moderate Intellectual Disability | <input type="checkbox"/> Deaf Blind | <input type="checkbox"/> Orthopedic Impairment |
| <input type="checkbox"/> Severe Intellectual Disability | <input type="checkbox"/> Speech and/or Language Impairment | |
| <input type="checkbox"/> Other Health Impairment (e.g. ADHD) | | |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Traumatic Brain Injury | |

8. If the student has a disability and an IEP, please select the extent to which the student is with other children without disabilities during the school day.

The entire school day Over half of the day Less than half of the day Seldom or never

This survey is about how you feel about the school that your child, or the student, attends this year. Please fill in the circle that best shows how you feel about each item. Respond to each item based on your own experiences with the school as well as those of your child or student. If you are not sure how to respond, please guess. Do NOT give your name. No one will know who answered this survey.

PART I: School Climate Scale	Disagree A LOT	Disagree	Agree	Agree A LOT
Please read each statement and mark the response that best shows how much you agree.				
IN THIS SCHOOL.....				
1. Teachers listen to the concerns of parents.				
2. Teachers treat students of all races with respect.				
3. The school rules are fair.				
4. Students are safe in hallways.				
5. Rules are made clear to students.				
6. Overall, the climate is positive.				
7. Teachers care about their students.				
IN THIS SCHOOL.....				
8. The consequences of breaking rules are fair.				
9. I am satisfied with the education students get.				
10. Students know how they are expected to act.				
11. Students are friendly with each other.				
12. Students get along with each other.				
13. Students feel safe.				
14. I am pleased with school discipline.				
IN THIS SCHOOL.....				
15. Students know what the rules are.				
16. Students care about each other.				
17. Teachers listen to students when they have problems.				
18. The school's Code of Conduct is fair.				
19. Students know they are safe in this school.				

20. It is clear how students are expected to act.				
21. Students respect others who are different.				
IN THIS SCHOOL.....				
22. Adults who work there care about the students.				
23. Teachers show respect toward parents.				
24. Teachers work closely with parents to help students when they have problems.				
25. Teachers do a good job communicating with parents.				
26. Students treat each other with respect.				
27. Teachers like their students.				
28. Classroom rules are fair.				
29. I like this school.				

PART II. Bullying Scale Since September, how often has the following been done to <i>your child</i> (or the student of the survey) by one or more other students at this school? Please mark the response that best describes how often.	Never	Less Than Once a Month	Once or Twice a Month	Once a Week	Several Times a Week	Every Day
1. My child was teased by someone saying hurtful things to him/her.						
2. My child was pushed or shoved on purpose.						
3. Students left my child out of things to make him/her feel bad.						
4. A student said mean things to my child.						
5. My child was hit or kicked and it hurt.						
6. A student told/got others not to like my child.						
7. My child was called names he/she didn't like.						
8. A student stole or broke something of my child's on purpose.						
9. A student got others to say mean things about my child.						
10. Hurtful jokes were made up about my child.						
11. A student threatened to harm my child.						
12. Students told another student not to be friends with my child because the other students didn't like my child.						

13. Another student sent my child a mean or hurtful message about him/her using email, text messaging, or other electronic messaging.						
14. Another student sent to others a mean or hurtful message about my child, using email, text messaging, or other electronic messaging.						
15. Another student posted something mean or hurtful about my child on a social media website such as Facebook, Twitter, or Instagram.						
16. Another student pretending to be my child sent or posted something hurtful or mean about him/her or others using text messaging, a social media website, email, or a similar method.						
17. My child was bullied in this school.						

PART III: Student Engagement Scale Please read each statement and mark the response that best shows how much you agree.	Disagree A LOT	Disagree	Agree	Agree A LOT
1. My child pays attention in class.				
2. My child tries his/her best in school.				
3. My child feels happy in school.				
4. My child follows the rules at school.				
5. My child turns in his/her homework on time.				
6. My child thinks that his/her school is a fun place to be.				
7. When my child doesn't do well, he/she works harder.				
8. My child gets good grades in school.				
9. My child likes students who go to this school.				
10. My child stays out of trouble at school.				
11. When my child makes a mistake, he/she tries to fix it.				
12. My child likes this school.				

Thank you for taking time to complete this survey.