



Current School Climate Student Survey Elementary School OPTIONAL SCALES

Scale: Students' Positive Relationships with Peers

These 5 questions ask about your friends.

	NO!	no	yes	YES!
1. I have a friend my age who cares about me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I spend most of my free time at school with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel lonely at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My friends are interested in what I think and how I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I have personal problems, my friends try to understand and let me know they care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scale: Truancy

The following 2 questions are about skipping school.

1. During the past month, I "cut" or skipped classes without an excuse..... No Yes How many times? _____

If you haven't skipped class in the past month, SKIP THE NEXT QUESTION

2. Why did you cut or skip school in the past month? **Mark all that apply.**
- | | |
|---|---|
| <input type="checkbox"/> I wanted to hang out with friends | <input type="checkbox"/> I had a family obligation, or family-related situation |
| <input type="checkbox"/> I wanted to avoid a bully | <input type="checkbox"/> I felt sick, or had a medical/dental appointment |
| <input type="checkbox"/> I wanted to avoid a particular teacher | <input type="checkbox"/> I don't like school |
| <input type="checkbox"/> I didn't want to take a test | <input type="checkbox"/> I wanted to eat, or take a longer lunch |
| <input type="checkbox"/> I didn't have my homework done for class | <input type="checkbox"/> I went to the store/mall |
| <input type="checkbox"/> I wanted to use drugs or alcohol | <input type="checkbox"/> Other. Please specify: _____ |
| <input type="checkbox"/> I thought it would be fun | |
| <input type="checkbox"/> I was talked into it | |
| <input type="checkbox"/> I was running late, or missed the bus | |