

2016-2017 RCHS FALL Student Survey

2016-2017 Student Survey

We invite you to participate in this year's student perception survey. We value your feedback and use this information to better your school experience. Thank you for your participation!

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1. What is your current grade?
9
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2. Are you
Male
Female
3. The primary language spoken in my home is
English
Spanish
Other (please specify)
4. Please rate the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I feel my school work is meaningful.						
I feel teachers do whatever it takes to help me succeed.						
I feel I get the help I need.						
I feel like I am prepared for MY future.						
I feel there are plenty of before and after school opportunities offered to me by my school.						
I feel it is important to attend school everyday.						
My parents feel it is important for me to attend school everyday.						
My principal is visible around the building.						
I feel my teacher(s) are present most days.						
I feel like I'm being taught new things in class.					\bigcirc	
I feel confident and prepared to take standardized tests (NWEA and M-STEP).		\bigcirc				
I feel successful in school.						
I feel that the amount of work that we are given keeps me engaged throughout the school day.						
The school is meeting my needs.						
I feel welcome at school.						
I am often left with busy work.						
I feel like I am challenged at school.	\circ		\bigcirc		0	\bigcirc

Yes No Other (please specify) 7. Do you feel safe when y	ology outsid	le of school to	complete scho	ool work.	
Yes No Other (please specify) 6. I have internet access of Yes No Other (please specify) 7. Do you feel safe when y	ology outsid	le of school to	complete scho	ool work.	
No Other (please specify) S. I have internet access of Yes No Other (please specify) 7. Do you feel safe when y					
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7. Do you feel safe when y					
Yes No Other (please specify) 7. Do you feel safe when y					
Yes No Other (please specify) 7. Do you feel safe when y					
No Other (please specify) 7. Do you feel safe when y					
No Other (please specify) 7. Do you feel safe when y	outside of s	chool.			
Other (please specify) 7. Do you feel safe when y					
7. Do you feel safe when y					
7. Do you feel safe when y					
Voc	you are at s	school?			
Yes					
No					
8. In #7, explain why or wh	ny not.				
9. Do you feel like bullying	or peer pro	essure is a pro	oblem in our so	chool?	
Yes					
No					
10. In #9, explain why or v	vhy not.				
			1		

11. Do you feel you	u are overloaded with work and homew	vork?
Yes		
No		
12. In #11, explain	why or why not?	
13. Do you feel tha	at students respect those that are look,	act, and believe different from them?
Yes		
No		
14. In #13, explain	why or why not?	
15. Do you have a	relationship or personal relationship w	ith at least one of your teachers?
Yes		
No		
16. What do you fe	eel is the one thing that needs to chang	ge the most?
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