2023-2024

Brevard Public Schools

YouthTruth harnesses student and stakeholder perceptions to help educators accelerate improvements. Through validated survey instruments and tailored advisory services, YouthTruth partners with schools and districts to enhance learning for all students.

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Student Survey – High School 3
Student Survey – Middle School .....

Student Survey – High School

The high school student survey asks questions about students' overall school experience and takes on average about 15 minutes to complete. Administrators receive comprehensive reports containing anonymized data, along with indexed qualitative comments.

- What do you most about your school? (Please check one.) *(My school inspires me to do my best; I have supportive teachers who care about me and help me; Students and staff treat each other with respect and fairness; My classes challenge me to think critically; My school is getting me ready for college or my career; Something else not listed; Nothing ς I can't think of anything I like about my school)*
- What do you most about your school? (Please check one.) *(My school does not do enough to inspire me to do my best; I don't have enough supportive teachers who care about me and help me; Students and staff don't treat each other with enough respect and fairness; My classes don't do enough to challenge me to think critically; My school does not do enough to get me ready for college or my future career; Something else not listed; Nothing ς I can't think of anything I dislike about my school)*

Students are invited to expand upon their answers to the above two questions in their own words via open text.

Is there anything else you would like to tell us about your school? Please provide any comments that you'd like to share below. *(Open text)*

Open-ended comments to the above three questions are anonymously shared in an indexed table, categorized by theme and grade-level.

– Describes the degree to which students perceive themselves as engaged with their school and their education.

- Limited or no access to a computer or device
- Distractions at home and family responsibilities
- Feeling depressed, stressed, or anxious
- My health or the health of my family members
- Extracurricular commitments
- My job
- Not having an adult to help me with my schoolwork
- Getting picked on or bullied
- My personal relationships
- Other (please specify)

– Describes the degree to which students feel equipped to pursue college and careers.

How strongly do you agree or disagree with the following statements? *(1 = Strongly disagree; 2 = Disagree; 3 = Neither agree nor disagree; 4 = Agree; 5 = Strongly agree)*

- My school has helped me develop the skills and knowledge I will need for college-level classes.
- My school has helped me understand the steps I need to take in order to apply to college.
- My school has helped me figure out which careers match my interests and abilities.
- My school has helped me understand the steps I need to take in order to have the career that I want.

Do you <u>want</u> to go to college? *(Yes; No; I don't know)*

After you finish high school, what do you <u>expect</u> to do next? *(Join the military; Work full time at a job; Attend a 2-year college; Attend a 4-year college; Attend a trade/technical school; I don't know; Other [please specify])*

This year, have you participated in any of the following services from your school? *(Yes; No; I don't know)*

- Help choosing classes needed to graduate
- College entrance exam preparation (SAT/ACT)
- Counseling about how to pay for college
- Counseling about how to apply to college
- Counseling about admissions requirements for different types of colleges
- Counseling about future career possibilities

(If respondent answered yes to any of the above services) You said you have participated in the following

Were you bullied . . . *óYes; No; I don't knowú*

- . . . ? (For example, pushed, tripped, or hit you; taken or broken your belongings on purpose)
- . . . ? (For example, called you names or made fun of you; threatened you; made inappropriate comments to you)
- . . . ? (For example, tried to get other students not to be friends with you; spread rumors or told secrets about you; embarrassed you in front of others)
- . . . through ? (For example, mean text messages or emails; rumors sent by email or posted on social networking sites; pictures, videos, websites, or fake profiles)
- Other (please specify)

(If respondent answered yes to the bullying question) Why do you think you were bullied? *[Open text]*

(If respondent answered yes to the bullying question) When you were bullied, did you tell . . . *(Yes; No; I don't know)*

- . . . an adult from school?
- . . . an adult at home?
- . . . a friend or classmate?
- I did not tell anyone.
- Someone else (please specify)

Students are shown the following language in the survey to clarify that if a student is in crisis, leaving a comment in the survey is not the place to get help:

Sometimes taking a survey can bring up feelings or topics that are hard to talk about. If you need to talk to someone, here are some places you can get help right now:

- Suicide & Crisis Lifeline: Call or text 988
- Crisis Text Line: Text HOME to 741741
- Sexual assault hotline: Call 1-800-656-HOPE (4673)
- Domestic violence hotline: Call 1-800-799-SAFE (7233)

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(Elementary or middle school; Some high school; High school graduate or equivalent (GED); Some college; Associate's degree or technical certificate; Finished college/bachelor's degree; Graduate degree; I don't know; Prefer not to say)

- Not feeling safe at home
- Not feeling safe at school
- Limited or no access to a computer or device
- Distractions at home and family responsibilities
- Feeling depressed, stressed, or anxious
- My health or the health of my family members
- Extracurricular commitments
- Changing from elementary to middle school
- Not having an adult to help me with my schoolwork
- Getting picked on or bullied
- My personal relationships
- Other (please specify)

– Describes the degree to which students feel welcome at their school and have collaborative relationships with their classmates.

How strongly do you agree or disagree with the following statements? *(1 = Strongly disagree; 2 =*

Students' responses to the following demographic questions are combined before being shared. They are used solely to disaggregate anonymized feedback data by various demographic characteristics so that schools and districts can understand how different groups of students are experiencing school. Below is an example of how data for a sample question, άI try to do my best in school,έ is displayed (segmented by grade-level).

Demographic data is never used to identify individual respondents. To ensure anonymity, data is only reported for a given demographic group when there are at least 5 respondents in that group. All survey data is anonymous and only reported in aggregate, as shown above.

- What grade are you in? *(5th; 6th; 7th; 8th; Other)*
- How would you describe your race and/or ethnicity? (Please check one.) *(American Indian, Alaska Native or Indigenous; Asian or Asian American; Black or African American; Hispanic or Latina/o/x; Middle Eastern or North African; Multi-racial and/or Multi-ethnic; Native Hawaiian or Pacific Islander; White; Race or ethnicity not included above [optional, please describe]; Prefer not to say)*
- In your current classes, what have most of your grades been? (If your school does not grade on a scale using As, Bs, Cs, Ds and Fs, please choose the answer that you think best matches the grades you get at your school.) *(Mostly As; Mostly Bs; Mostly Cs; Mostly Ds or below; I don't know; Prefer not to say)*
- Remember, other students will not know how you answer, and your answer will be combined with those of other students before being shared with adults at your school. Do you receive special education services or have a 504 or IEP (individualized education plan)? This means that you receive extra support with your learning or school assignments. (For example, you might: a) have a special teacher that works with just you or a small group of students, b) get special changes to your work in class that not all students get.) *(Yes; No; I don't know; Prefer not to say)*
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(Elementary or middle school; Some high school; High school graduate or equivalent (GED); Some college; Associate's degree or technical certificate; Finished college/bachelor's degree; Graduate degree; I don't know; Prefer not to say)

Student Survey – Elementary School

The elementary school student survey (for students in grades 3 and above) and takes on average about 15 minutes to complete. Administrators receive comprehensive reports containing anonymized data, along with indexed qualitative comments.

- What do you most about your school? (Please check one) *(My teacher wants me to try hard and do my best; My teacher cares about me and helps me; Students show respect in class; My class makes me really think; I like the way we learn in class; Something else; Nothing ς I can't think of anything I like about my school)*
- What do you most about your school? (Please check one) *(My teacher lets me give up and not do my best; My teacher doesn't care about me or help me very much; Students don't show much respect in class; My class doesn't really make me think; I don't like the way we learn in class; Something else; Nothing ς I can't think of anything I dislike about my school)*

– Describes the degree to which students perceive themselves as engaged with their school and their education.

Do you like going to school? *(No, hardly ever; Sometimes; Yes, very much)*

Think about your teacher. *(No, hardly ever; Sometimes; Yes, very much)*
- Does your teacher want you to do your best?
- Do you think your teacher wants you to work your hardest?

– Describes the degree to which students report that they have strong supportive relationships with their teachers.

Think about when your teacher helps you with schoolwork. *(No, hardly ever; Sometimes; Yes, very often)*
- Does your teacher ask you to keep trying when the work gets hard?
- Does your teacher give you extra help if you need it?
- Do you like how your teacher treats you when you need help?

Think about your teacher. *(No, hardly ever; Sometimes; Yes, very often)*
- Do you think your teacher cares about you?
- Is your teacher fair to you?
- Does your teacher treat you with respect?
- Does your teacher ask you about your life outside of school?

When you are upset, is there an adult from school you can talk to? *(No; Sometimes; Yes)*

– Describes the degree to which students experience an orderly, respectful classroom environment.

Think about students in your class. *(No, hardly ever; Sometimes; Yes, very often)*

- Do students stay busy in class?
- Do students behave in class?
- Do students from your class treat the teacher with respect?

– Describes the degree to which students feel their learning is challenging and relevant.

Think about the work you do in school. *(No, hardly ever; Sometimes; Yes, very often)*

- Do you learn interesting things in school?
- Does what you learn in school help you in your life?
- Does your schoolwork make you really think?
- When you make a mistake, does your teacher help you correct it?

– Describes the strategies and approaches students report their teachers using in class.

Think about when your teacher is helping you. *(No, hardly ever; Sometimes; Yes, very often)*

- Does your teacher let you explain your ideas?
- Does your teacher tell you that you can do well if you try?
- Does your teacher ask you if you understand what you are learning?
- Does your teacher ask you to show your work?

– Describes the degree to which the students feel a sense of belonging at school.

Think about students at your school. *(No, hardly ever; Somewhat; Yes, very often)*

- Can you be yourself with other students?
- Are students friendly to you?

Think about your school.

- Do you feel like an important part of your school? *(No, hardly ever; Somewhat; Yes, very often)*
- Do you feel safe at school? *(No, not very safe; Somewhat; Yes, very safe)*

– Questions about bullying are included as part of Belonging & Peer Collaboration in YouthTruth reports.

Has anyone bullied you at school in the last year? ó*Yes; No; I don't know; Skip this question*ú

(If respondent answered yes to the bullying question) When you were bullied did someone . . . *(Yes; No; I don't know*ú

- . . . tell rumors or lies about you?
- . . .

- . . . hurt your body?
- . . . post something mean about you online?
- Other (please specify)

- What is your race? *(American Indian, Alaska Native or Indigenous; Asian or Asian American; Black or African American; Hispanic or Latina/o/x; Middle Eastern or North African; Native Hawaiian or Pacific Islander; White; Two or more races; Other; I don't know; Skip this question)*