

School Safety Survey

WI School Safety and Violence Prevention Study

Instructions:

- Please answer each question
- **Do not** write your name anywhere on the survey

Question # 1: How old are you?

- ☐ 10 years old or younger
- ☐ 11 years old
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old or older

Question # 2: What is your sex?

- ☐ Female
- ☐ Male

Question # 3: In what grade are you?

- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ Other

Question # 4: Are you Hispanic or Latino?

- ☐ Yes
- ☐ No

Question # 5: What is your race? (Select one or more responses.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Question #6: During the past 30 days, have you ever been bullied on school property?

☐ Yes

☐ No

Question #7: During the past 30 days, have you ever been physically bullied on school property?

☐ Yes

☐ No

Question #8: During the past 30 days, have you been involved in a physical fight on school property?

☐ Yes

☐ No

Question #9: How often do you feel safe and secure at school? (Middle School; Threats and Personal Safety; School Experience)

☐ Never

☐ Rarely

☐ Sometimes

☐ Most of the time

☐ Always

Question #10: Do you agree or disagree that violence is a problem at your school?

☐ Strongly agree

☐ Agree

☐ Not sure

☐ Disagree

☐ Strongly Disagree

Question #11: Do you agree or disagree that harassment and bullying by other students is a problem at your school?

☐ Strongly agree

☐ Agree

☐ Not sure

☐ Disagree

☐ Strongly Disagree