

**CT School Climate Assessment Instrument Parents/Guardians Date\_\_\_\_\_**

Dear Parents/Guardians,

We need your help to find out what you like about our school and how we can make it better. Please answer the questions below. Do not put your name on this survey. There are no right or wrong answers. We hope that you feel comfortable to answer the questions honestly and show how you really feel about your child's school.

**Please select a response to each question.**

1. Please select your child's grade level.

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

2. Please give the current city or town you live in:

Town/City\_\_\_\_\_

3. Please select your appropriate ethnicity:

- American Indian/Alaskan
- Asian/Pacific Islander
- African American or Black
- Hispanic

- non-Hispanic
- White
- Bi-Racial
- Multi-Racial
- Do not know

4. My child's identified gender is.

- Male
- Female

5. My child likes to come to school each day.

- All of the time
- Most of the time
- Some of the time
- None of the time

6. I feel the students in this school are friendly.

- All of the time
- Most of the time
- Some of the time
- None of the time

7. I feel that this school is physically safe.

- All of the time
- Most of the time
- Some of the time
- None of the time

8. I feel comfortable sharing my thoughts and ideas at this school.

- All of the time
- Most of the time
- Some of the time
- None of the time

9. I feel my child's peers treat him/her fairly.

- All of the time
- Most of the time
- Some of the time
- None of the time

10. I feel the adults in my child's school treat me fairly.

- All of the time
- Most of the time
- Some of the time
- None of the time

11. My child has been treated unfairly at school because of his/her:  
(check all that apply)

- Race
- Gender
- Sexual orientation
- Religion
- Academic achievement
- Academic level
- Ethnicity
- Disability
- Physical appearance
- Other
- Has not happened

12. I have seen or heard others being treated unfairly at school because of their: (check all that apply)

- Race
- Gender
- Sexual orientation
- Religion
- Academic achievement
- Academic level
- Ethnicity
- Disability
- Physical appearance
- Other
- Has not happened

13. I feel there are trusted adults in the school who my child can go to/talk to for help.

- All of the time
- Most of the time
- Some of the time
- None of the time

14. My child's trip to and from school is a positive/safe experience.

- All of the time
- Most of the time
- Some of the time
- None of the time

15. My child is involved in extra-curricular activities such as athletics, clubs, activities, school committees, etc.

- All of the time
- Most of the time
- Some of the time
- None of the time

16. My child has been the target of hurtful communications through social media.

- Never
- Once
- 2-5 times
- 6 or more times

17. My child has participated in hurtful communications through social media.

- Never
- Once
- 2-5 times
- 6 or more times

18. Do you feel that there is an area of the school that is not safe?

- no
- yes

If yes, where?

19. How often do you communicate (in person, phone calls, e-mails, etc.) with your child's school during the year?

- 0-3
- 3-10
- 10-25
- more than 25 times

20. One more thing I would like to say:

(revised 5/10/12)