

DRAFT Diversity, Inclusion, and Equity Middle School Student Survey

Hello, Students!

We need your help! This survey contains questions about you and your experiences at school, with a special focus on how you and others are treated. Your answers will help ensure a positive experience for every student.

This survey is anonymous; your responses will be kept confidential. Please be completely honest when answering these questions. There are no “right” or “wrong” answers. You can also skip a question at any time. The questions you do answer will still be recorded.

Thank you for taking the time to share your thoughts. This survey will about 15 minutes to complete.

Information about you

Please answer the following questions about yourself.

1. Which school do you attend?

Mark only one oval.

- John Read Middle School
 Helen Keller Middle School

2. Which grade are you in?

Mark only one oval.

- 6th
 7th
 8th

3. In which town do you live?

Mark only one oval.

Redding

Easton

Other: _____

4. What is your race or ethnicity (Please check all that apply to you).

Check all that apply.

African American or Black

Asian

South Asian (Asian Indian, Bangladeshi, Sri Lankan)

Native Hawaiian or Other Pacific Islander

Native American, American Indian or Alaska Native

White or Caucasian

Hispanic or Latino / Latina

Middle Eastern or Arab American

Prefer not to answer

Other: _____

Gender and Sexual Orientation

Please answer the following questions about yourself.

5. Below is a list of terms that people use to describe their gender. Please check all that apply to you.

Check all that apply.

- Male
- Female
- Nonbinary
- Cis
- Trans
- Genderqueer
- Not sure/Questioning
- Prefer not to answer
- I am not familiar with some or all of these terms
- Prefer to self-describe below

6. Self-describe here:

7. Below is a list of terms that people use to describe their sexuality or sexual orientation. Please check all those terms that apply to you.

Check all that apply.

- Straight / Heterosexual
- LGBTQ+
- Questioning/ Not Sure
- I am not familiar with some or all of these terms
- Prefer not to answer

Other: _____

Disabilities/Learning Difficulties

8. Do you consider yourself to have any of the following disabilities or learning difficulties? (Please check all that apply)

Check all that apply.

- Visual impairment
- Hearing impairment
- Disability affecting mobility / wheelchair user
- Other physical disability
- Emotional behavioral disability
- Mental illness
- Temporary disability after illness
- Profound / complex disabilities
- Multiple disabilities
- Moderate learning difficulty
- Severe learning difficulty
- Dyslexia
- Dyscalculia
- Other specific learning difficulty
- Multiple learning difficulties
- I don't have any disabilities or learning difficulties

Other: _____

Elementary School Experience

Please answer the following questions about your experience in the elementary school.

9. Where did you attend elementary school? (Choose the last elementary school you attended.)

Mark only one oval.

- Redding Elementary School
- Samuel Staples Elementary School
- Other: _____

10. Tell us about your elementary school experience.

Check all that apply.

	Strongly agree	Somewhat agree	Somewhat disagree	Disagree	Unsure
I had a close group of friends at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt safe at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt accepted by the other students at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt accepted by the staff at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I saw people like me represented in school resources and homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not feel safe or accepted in elementary school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extracurricular Activities

Please share information about your engagement with extracurricular activities.

11. I am involved in school-based extra-curricular activities such as athletics, clubs, school activities, and/or committees.

Mark only one oval.

Yes

No

12. If no, please explain why (check all that apply)

Check all that apply.

- Cost
- Time
- Transportation unavailable
- I do not feel safe or comfortable
- I don't know

Other: _____

13. I feel welcome at all social events at my school.

Mark only one oval.

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

14. If you selected "somewhat disagree" or "strongly disagree", please explain why.

Experiences at School and on School
Transportation

Please answer the following questions about your experiences in school.

15. Rate the level to which you feel the following at school:

Mark only one oval per row.

	Frequently	Sometimes	Rarely	Never
Safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Welcome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Rate the level to which you feel the following at school:

Mark only one oval per row.

	Never	Rarely	Sometimes	Frequently
Uncomfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Embarassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humiliated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Rate the interactions you've had with students in school about the following:
(Remember this is confidential and will not be linked back to you).

Check all that apply.

	This has not been an issue for me	I have been made to feel uncomfortable	I have been made to feel embarrassed	I have been made to feel humiliated
Your academic ability or grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your religion (real or perceived)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your family's income or economic status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your citizenship status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you express your gender (masculine/feminine clothes, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your appearance (clothes, hair, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your food choices/allergies/dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your body type (size, weight, height, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your race or ethnicity (real or perceived)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your disability (real or perceived)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sexual orientation (real or perceived)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your political views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your native language or status as an English language learner

Your country or place of origin

Other

18. Because you selected "Other" to the previous question, please use the space below to share your thoughts.

19. How comfortable or safe do you feel in these places?

Mark only one oval per row.

	I always feel comfortable or safe	I frequently feel comfortable or safe	I rarely feel comfortable or safe	I never feel comfortable or safe	Does not apply to me
Bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cafeteria or lunchroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PE class/Locker rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallways/stairwells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School buses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School grounds/athletic fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School functions/Extracurricular activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another space not listed above (please specify in the next question):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Because you answered "Another space not listed above" to the previous questions, please use the space below to share your thoughts.

Bullying and Harassment

21. Have you ever felt bullied in this school? Bullying is defined as someone being hurt on purpose, either verbally or physically, in a targeted and repetitive way. (check all that apply)

Check all that apply.

- No, I have not felt bullied at this school
- I have felt physically bullied
- I have felt verbally bullied
- I have felt socially bullied (ex. mean rumors and/or lies spread about you)
- I have felt cyber-bullied (on social media, dm's and/or texts)

Other: _____

22. Have you ever reported when you or someone else is harassed or bullied in school to a teacher, the principal, or other school staff person?

Mark only one oval.

- Yes
- No
- Does not apply, I have never witnessed, been harassed, or been bullied in school

23. Because you answered "Yes" to the previous question: How effective did you think the response by the staff was in addressing the problem the last time you reported it?

Mark only one oval.

- Very effective
- Somewhat effective
- Not effective
- Made things worse
- Not sure

School Culture

Please answer the following questions about the culture and atmosphere in your school.

24. Please indicate the extent to which you agree with the following statements:

Mark only one oval per row.

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree	I don't know
I see myself as a valuable member of the school community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that my contributions are valued in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have chances to help decide what is best for the class or school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am encouraged and supported by staff to challenge myself academically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. In your school, have you noticed a change in the number of incidents of bias, mistreatment, and/or bullying of students primarily because of...

Mark only one oval per row.

	It's decreasing	It's about the same	It's increasing	I don't know
Their academic ability or grades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their religion (real or perceived)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their family's income or economic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their citizenship status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How they express their gender (masculine/feminine clothes, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their appearance (clothes, hair, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their food choices/allergies/dietary restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their body type (size, weight, height, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their race or ethnicity (real or perceived)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their disability (real or perceived)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their sexual orientation (real or perceived)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their political views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their native language or status as an English language learner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their country or place of origin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reason (please specify in the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

next question):

26. Because you selected 'Other" to the previous question, please use the space below to share your thoughts.

Beliefs about School

27. Please indicate the extent to which you agree with the following statements:

Mark only one oval per row.

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree	I don't know
My school values the differences in our communities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Different types of people are treated differently in my school and community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I can safely bring my whole self to school, including all parts of my identity (eg: race, religion, gender or gender identity, disability, sexual identity).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Discussing Diversity, Equity & Inclusion Topics in School

28. Please indicate the extent to which you agree with the following statements:

Mark only one oval per row.

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly Disagree	These topics are not discussed in class	I don't know
There are opportunities in my classes to talk about race.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If we talk about race in my classes, it is done in a way that makes me feel comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are opportunities in my classes to talk about gender and gender identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If we talk about gender and gender identity in my classes, it is done in a way that makes me feel comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are opportunities in my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

...
classes to
talk about
sexual
orientation.

If we talk
about sexual
orientation in
my classes,
it is done in a
way that
makes me
feel
comfortable.

There are
opportunities
in my
classes to
talk about
differences
in learning or
physical
abilities.

If we talk
about
differences
in learning or
physical
abilities in
my classes,
it is done in a
way that
makes me
feel
comfortable.

There are
opportunities
in my
classes to
talk about
religion.

If we talk
about
religion in my

classes, it is
done in a
way that
makes me
comfortable.

29. Please indicate the extent to which you agree with the following statements.

Mark only one oval per row.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know
I see people of many races, cultures, and identities represented in the resources used in class and homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers present positive images of people from a variety of races, cultures, and identities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers use positive examples of races, cultures, and identities like mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sharing Your Views in Class

30. Please indicate the extent to which your ability to comfortably share your views in class is affected by

Mark only one oval per row.

	Always comfortable	Sometimes comfortable	Rarely comfortable	Never comfortable	Not affected	Unsure
Your race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your gender/gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your political perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your learning difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your religion or perceived religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your disability or perceived disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your native language or status as an English language learner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

School Discipline

31. Please indicate the extent to which you agree with the following statements:

Mark only one oval per row.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know
The punishment for breaking school rules is the same for every student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I would receive the same punishment as others for breaking a school rule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Teacher Support

32. Please indicate the extent to which you agree with the following statements:

Mark only one oval per row.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	I don't know
If I have a problem in class, I feel comfortable talking to most of my teachers about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers treat me the same as the other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I have a problem outside of class, there are adults in the school who I can turn to for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Inclusivity of School Resources

Please answer the following questions about how inclusive your school resources and school are.

33. Are you able to access school resources regardless of

Mark only one oval per row.

	Yes	No	Sometimes	Not sure	Does not apply to me
Neurodiversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Are you able to find books or online resources in the school to learn about LGBTQ+ history and events?

Mark only one oval.

- Yes
- No
- Don't know

35. In your opinion, how accepting do you think students at your school are of people who are different from them?

Mark only one oval.

- Very accepting
- Somewhat accepting
- Somewhat unaccepting
- Not at all accepting
- Don't Know

36. In your opinion, how well does your school administration (principal, vice principal, etc.) create a welcoming school for all students?

Mark only one oval.

- Very accepting
- Somewhat accepting
- Somewhat unaccepting
- Not at all accepting
- Don't Know

Learning Model for 2020-21 School

37. Roughly, what percentage of the year did your student spend learning virtually versus learning at home?

Mark only one oval.

- Mostly learning at home
- About equal amount of learning at home and at school
- Mostly learning in school

Additional Feedback

38. Do you have any other information you would like to share about your experiences in your school?

39. Are there any specific student supports you would like to see offered?

40. What should members of our school community do to improve diversity, equity, and inclusion in our schools?

Thank you for completing the survey. If you have concerns, or would like to participate in a community conversation regarding Diversity, Equity, and Inclusion, please contact your school principal.

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