

# Siuslaw Student Belonging Survey

Please fill out this form to the best of your ability. This helps us know how we are doing as a school and how we can support you. (Only administrators will have access to the responses in this survey).

\* Required

1. First Name \*

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2. Last Name \*

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3. Grade \*

*Mark only one oval.*

6th

7th

8th

9th

10th

11th

12th

4. How long have you attended the Siuslaw School District?

*Mark only one oval.*

- Less than one year
- Between 1 and 2 years
- Between 2 and 4 years
- Between 4 and 6 years
- More than six years

5. Which groups do you identify as? (check all that apply) \*

*Check all that apply.*

- African American
- Pacific Islander
- White
- Latino/Latina/Latinx
- Native American
- Asian
- Multi-Racial
- LGBTQIA+
- Decline to Respond

### Belonging Survey

Please rate the following statements on a scale of 1-5 based on whether or not it is true for you. This section helps us monitor safety and belonging at school. This is a priority of our leadership and staff.

6. I feel like a part of Siuslaw. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

7. People at Siuslaw notice when I am good at something. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

8. It is hard for people like me to be accepted at Siuslaw. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

9. Other students at Siuslaw take my opinions seriously. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

10. Most teachers at Siuslaw care about how I am doing. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

11. Sometimes I feel as if I don't belong in Siuslaw. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

12. There is at least one teacher or adult I can talk to at Siuslaw if I have a problem. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

13. Other students at Siuslaw are friendly to me. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

14. Teachers at Siuslaw are not interested in people like me. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

15. I am included in lots of activities at Siuslaw. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

16. I am treated with as much respect as other students at Siuslaw. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

17. I feel very different from most other students at Siuslaw. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True



18. I can really be myself at Siuslaw. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

19. Teachers at Siuslaw respect me. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

20. People at Siuslaw know that I can do good work. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

21. I wish I were in a different school. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

22. I feel proud to belong to Siuslaw. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

23. Other students at Siuslaw like me the way that I am. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

24. I feel physically safe at Siuslaw. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

25. I feel emotionally safe at Siuslaw. \*

*Mark only one oval.*

Not True at All

1

2

3

4

Completely True

26. Siuslaw is really boring. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

27. I try hard at my school work because I am interested in it. \*

Mark only one oval.

Not True at All

1

2

3

4

Completely True

This section is to help us make sure your basic needs are being met and that every student is connected to adults they trust. We will follow up directly with anyone who shares they need help.

28. If I have a friend in need, I know how to access resources for help? \*

*Mark only one oval.*

Yes

No

29. Who are the adults you trust the most at our school (list as many as you want)? \*

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30. Who are the adults you trust the most outside of school (list as many as you want)? \*

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31. Would you say in general your physical health is

*Mark only one oval.*

Excellent

Very good

Good

Fair

Poor

32. Would you say in general your mental health is \*

*Mark only one oval.*

Excellent

Very good

Good

Fair

Poor

33. Do you or your family need access to food? \*

*Mark only one oval.*

Yes

No

34. Do you you need access to clothing? \*

*Mark only one oval.*

Yes

No

35. Are you interested in setting up counseling with our mental health providers?

*Mark only one oval.*

Yes

No

I'd like more information.

Student Input

This section is to share your ideas for how to improve the school. Thank you for your ideas!

36. The best part of school this year is...(tell us what is going well)

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37. Leadership and staff can make school better by... (tell us what to do!)

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38. Anything else you want to share with our administration?

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