



# 2008 Preventing School Harassment Survey

**ONLY TAKE THIS SURVEY IF YOU ARE A MIDDLE SCHOOL OR HIGH SCHOOL STUDENT. ALL OF YOUR ANSWERS ARE CONFIDENTIAL.**

Take the Survey Online: [www.casafeschools.org](http://www.casafeschools.org)

*Make more copies for your club, class, or friends! You can download the printable survey at [www.casafeschools.org](http://www.casafeschools.org). Mail completed surveys to the California Safe Schools Coalition at 1550 Bryant St, Ste. 800, San Francisco CA 94103.*

**Your answers make a difference – results from prior surveys have helped change school policies.  
Thanks for helping make schools safe!**

<b>1. Please read each statement about your school and mark whether you agree or disagree:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
In my school, teachers expect students to respect one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my school, teachers give all students a fair chance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my school, teachers treat students as individuals, not as members of groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my school, teachers really care about the students; <u>all</u> the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my school, students feel safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>2. My school is safe for:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
... guys who are not as “masculine” as other guys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... girls who are not as “feminine” as other girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... students who are lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... students with LGBTQ parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... teachers and staff who are LGBTQ.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... straight allies (people who are supportive of LGBT people).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...students of all races and ethnicities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3. Please read each statement about yourself and mark whether you agree or disagree:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I do interesting activities at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school, I help decide things like class activities or rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things at my school that make a difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I am part of my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have goals and plans for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to graduate from high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to go to college or some other school after high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to vote in the next election, as soon as I turn 18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>4. At my school, there is a teacher or some other adult...</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I'm not there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who makes sure that everyone is treated fairly and with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Not counting adults at home or at school, there is an adult in my life...</b>				
...who really cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who notices when I am upset about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...who I trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please read each question about your school and mark your answer.</b>	<b>Yes</b>	<b>No</b>	<b>I don't know</b>
<b>6.</b> If you wanted information and support from your school about sexual orientation, gender identity, or LGBTQ issues, would you know where to go?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b> Does your school have a Gay-Straight Alliance, Project 10, or a similar club?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7a.</b> If yes, are you, or have you been, a member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7b.</b> If you are or have been a member, have you ever participated in any of the following activities with your school's GSA, Project 10, or similar club:			
Wrote an email or letter to your legislator about LGBTQ issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended LGBTQ political rallies or marches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited or called your legislative representatives to discuss LGBTQ issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b> Separate from student clubs, does your school have a support group or counseling group for LGBTQ students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8a.</b> If yes, are you, or have you been, a member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b> Do you know of any teachers or staff who openly identify as LGBTQ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b> Do you have any friends who openly identify as LGBTQ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b> Do you have any friends who have LGBTQ parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Does your school have a harassment policy that specifically includes:</b>			
... race and ethnicity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... sexual orientation (gay, lesbian, bisexual, queer, or straight)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... gender identity and expression (transgender, or being masculine or feminine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>13. How often do you hear other students make negative comments or use slurs based on:</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>
Race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex (male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation (gay, lesbian, bisexual, queer, or straight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender identity or expression (transgender, or being masculine or feminine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body size or appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family income or social class (how much or little money your family has)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having LGBTQ parents or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having LGBTQ friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Once a month or less	Once a week	Once a day	Several times a day
<b>14. How often do you hear anti-LGBTQ slurs at schools (example: “that’s so gay” to mean something is bad)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>15. How often do you see or hear <u>teachers or school staff</u> STOP others from making negative comments or use slurs based on:</b>	Never	Rarely	Some-times	Often	I never hear slurs
Race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex (male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation (gay, lesbian, bisexual, queer, or straight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender identity or expression (transgender, or being masculine or feminine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body size or appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family income or social class (how much or little money your family has)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having LGBTQ parents or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having LGBTQ friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16. If you don’t always stop people from making anti-LGBTQ comments or slurs, is it because:**

**(check all that apply)**

- It is not a big deal / It does not matter that much to me
- I want to but I don’t know what to say
- I want to but I am afraid the attack will turn against me
- I don’t know who to report to
- I want to report it but would like to remain anonymous
- Other (please explain): \_\_\_\_\_

<b>17. During the past 12 months, how many times <u>on school property</u> have you...</b>	0 times	1 time	2 to 3 times	4 or more times
...been afraid of being beaten up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been in a physical fight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...had mean rumors or had lies spread about you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...had sexual jokes, comments, or gestures made to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...been made fun of because of your looks or the way you talk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Have you missed school in the past 30 days because you felt unsafe?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. During the past 12 months, how many times <u>on school property</u> were you harassed or bullied for any of the following reasons?</b>				
Your race, ethnicity, or national origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your sex (male or female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your body size or appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you are gay, lesbian, or bisexual or someone thought you were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A physical or mental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you aren’t as “masculine” as other guys Or because you aren’t as “feminine” as other girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your family income or social class (how much or little money your family has)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you have LGBTQ parents or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you have LGBTQ friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>20. When guys are harassed because they aren't as masculine as other guys, it is because... :</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>
Of how they dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of how they talk or act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They aren't interested enough in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They aren't very interested in girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are interested in dance, art, music, or drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are too small or too short; too fat or too skinny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are too concerned with grades and studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>21. When girls are harassed because they aren't as feminine as other girls, it is because... :</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>
Of how they dress, wear make-up, or have really short hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of how they talk or act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They aren't interested enough in boys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They aren't interested in families and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are too interested in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are too tall or too strong; too fat or too skinny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are too concerned with grades and studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>22. I have learned about my school's non-discrimination or anti-bullying policies or laws: If NO: go to next question</b>						
<b>If yes, where?</b> (check all that apply)	<b>If yes, when?</b>			<b>If yes, were LGBTQ issues included?</b>		
	<b>Elementary School</b>	<b>Middle School</b>	<b>High School</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<input type="checkbox"/> In class from a teacher or outside presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> At a school assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> At a school club meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> From other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through posters at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through the student newspaper at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through the student handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>23. I have learned about tolerance for LGBTQ people and/or stopping anti-LGBTQ bullying at my school: If NO: go to next question</b>			
<b>If yes, where?</b> (check all that apply)	<b>If yes, when?</b>		
	<b>Elementary School</b>	<b>Middle School</b>	<b>High School</b>
<input type="checkbox"/> In class from a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> In class from an outside presenter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> At a school assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> At a school club meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> From other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through posters at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through the student newspaper at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through the student handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. I have learned about LGBTQ people or issues as part of a lesson in my classes at school: If NO: go to next question						
If yes, which classes? (check all that apply)	If yes, when?			How supportive was it of LGBTQ people/issues?		
	Elementary School	Middle School	High School	Mostly supportive	Neutral / mixed	Mostly not Supportive
<input type="checkbox"/> English/Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> History/Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Education (PE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Music/Art/Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health/Life Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexuality Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. The following questions are about how you may have learned about LGBTQ people or issues at school: Have you ever learned about LGBT people or issues? If NO: go to next question						
If yes, where / how? (check all that apply)	If yes, when?			How supportive was it of LGBTQ people/issues?		
	Elementary School	Middle School	High School	Mostly supportive	Neutral / mixed	Mostly not Supportive
<input type="checkbox"/> A school assembly that included discussion about LGBT people or issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A classroom presentation that included discussion about LGBT people or issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A discussion about LGBT people or issues with a teacher, administrator, school counselor, school social worker, or other school staff outside of the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A discussion about LGBT people or issues with other students outside of the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through library materials at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through public announcements, posters, and/or other visual materials at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through the student newspaper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Through the internet at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Tell us what you have learned at school about LGBTQ people or issues:**

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The following questions are about you. Please answer them to the best of your ability.

26. What is the name of your school?  
\_\_\_\_\_

27. Is this a continuation or alternative school?  
 Yes  
 No

28. What city / town do you live in?  
\_\_\_\_\_

29. What state do you live in? \_\_\_\_\_

30. How old are you? \_\_\_\_\_

31. What grade are you in? \_\_\_\_\_

32. What is your gender?  
 Male  
 Female  
 Transgender  
 Questioning  
 Write-in: \_\_\_\_\_

33. What is your sexual orientation?  
 Gay / lesbian  
 Straight / heterosexual  
 Bisexual  
 Queer  
 Questioning  
 Write-in: \_\_\_\_\_

34. If you identify as LGBTQ, which other people know?

	All	Most	A Few	None
My friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Do you have lesbian, gay, bisexual, and/or transgender parents?  
 Yes  
 No

36. If yes, which other people know?

	All	Most	A Few	None
My friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. How do you describe yourself? (Please check all that apply.)

- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Asian
- Black or African American (non-Hispanic)
- Hispanic or Latino/Latina
- White or Caucasian (non-Hispanic)
- Write-in: \_\_\_\_\_

38. During the past 12 months, how would you describe the grades you received in school?

- Mostly A's
- A's and B's
- Mostly B's
- B's and C's
- Mostly C's
- C's and D's
- Mostly D's
- Mostly F's

Comments or questions:

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Mail completed surveys to the California Safe Schools Coalition at 1550 Bryant St, Ste. 800, San Francisco CA 94103.

**THANK YOU!**