2011-2012 PARKS Survey

The following survey data will be utilized to assess the status of the Safe Schools and Healthy Students program in the Recovery School District-New Orleans. Please answer the following set of questions as honestly as possible. The survey will take no longer than 20 minutes to complete. All responses are **SECRET** and will not be used for individual student reporting. Thank you for participating.

This section asks for some general information about you. Please mark the response that best describes you

1. **Are you**

   Male

   Female

2. **What is your current grade level?**

   4th Grade

   5th Grade

   6th Grade

   9th Grade

3. **How old are you?**

   7

   8

   9

   10

   11

   12

13

14

15

16

17

18 or older

4. **Please choose the ONE answer that best describes what race you consider yourself to be?**

White

Black or African American

American Indian/Native American, Eskimo

Asian or Pacific Islander

Hispanic/Latino/Spanish

Multi-racial

Other

4. Please choose the name of the school you currently attend

Edgar Harney Elementary

Sarah Reed Elementary

Craig Elementary

John McDonogh High

Sarah Reed High

L.B. Landry High

This section asks about your experiences at school.

5. How many days of school have you missed in the past "30 DAYS" because you felt "UNSAFE" at school or on the way to school?

0 Days

1 Day

2 Days

3 Days

4 Days

5 Days

6 Days

7 Days

8 or more days

6. How often do you feel safe at school?

Never

Seldom

Sometimes

Often

Almost Always

Always

7. Have you been involved in a physical fight on "SCHOOL PROPERTY" in the past 12 months? (A physical fight is defined as hitting another person on school property with an object, fist, hand, foot or other body part resulting in mental or physical harm.)

Yes

No

8. Have you witnessed a physical fight on "SCHOOL PROPERTY" in the past 12 months? (A physical fight is defined as hitting another person on school property with an object, fist, hand, foot or other body part resulting in mental or physical harm.)

Yes

No

This section asks for your views in other areas of your life and your experiences with tobacco, alcohol and marijuana. REMEMBER THAT YOUR ANSWERS WILL REMAIN SECRET.

9. In the past "30 DAYS" how many TIMES have you drank alcohol (Beer, Wine, or Liquor)?

0 Days

1 Day

2 Days

3 Days

4 Days

5 Days

6 Days

7 Days

8 or more days

10. In the past "30 DAYS" how many "TIMES" have you smoked marijuana or pot?

0 Days

1 Day

2 Days

3 Days

4 Days

5 Days

6 Days

7 Days

8 or more days

11. In the past "30 DAYS" how many "TIMES" have you used tobacco products (Cigarettes, Cigars, Chewing, Smokeless, etc)?

0 Days

1 Day

2 Days

3 Days

4 Days

5 Days

6 Days

7 Days

8 or more days

12. How many "TIMES" in the past "30 DAYS" have you felt or been pressured to drink alcohol?

0 Days

1 Day

2 Days

3 Days

4 Days

5 Days

6 Days

7 Days

8 or more days

13. How many "TIMES" in the past 30 "DAYS" have you felt or been pressured to smoke marijuana?

0 Days

1 Day

2 Days

3 Days

4 Days

5 Days

6 Days

7 Days

8 or more days

14. How many "TIMES" in the past 30 "DAYS" have you felt or been pressured to use tobacco (smoke cigarettes, cigars, or chew tobacco)?

0 Days

1 Day

2 Days

3 Days

4 Days

5 Days

6 Days

7 Days

8 or more days

15. What are the chances you would be seen as cool if you drank alcohol?

None

Little chance

Some Chance

Good chance

Very good chance

16. What are the chances you would be seen as cool if you smoked marijuana?

None

Little chance

Some Chance

Good chance

Very good chance

17. What are the chances you would be seen as cool if you defended someone who was being bullied?

None

Little chance

Some Chance

Good chance

Very good chance

18. How wrong do you think it is for someone to bully another person?

Very wrong

Wrong

A little bit Wrong

Not wrong at all