

School Connections

Date: ____/____/20____

Name/Code: _____

Directions: Please fill in the circle.

Mark only one answer for each question. Select the answer that best fits you.

1. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or "cut"?

None	1	2	3	4-5	6-10	11 or more
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How often do you feel that the schoolwork you are assigned is meaningful and important?

Never	Seldom	Sometimes	Often	Almost Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How interesting are most of your courses to you?

Very Interesting and Stimulating	Quite Interesting	Fairly Interesting	Slightly Boring	Very Boring
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How important do you think the things you are learning in school are going to be for your later life?

Very Important	Quite Important	Fairly Important	Slightly Important	Not at all Important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, thinking back over the past year in school, how often did you...

- | | Never | Seldom | Sometimes | Often | Almost Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. ...enjoy being in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. ...hate being in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. ...try to do your best work in school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | NO! | No | Yes | YES! |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. My teacher(s) notices when I am doing a good job and lets me know about it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I feel safe at my school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. The school lets my parents know when I have done something well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. My teachers praise me when I work hard in school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |