

# BEGINNING OF THE YEAR SURVEY



NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Read each question carefully and check the box that best describes YOU. There are no wrong answers.

## I feel connected to my peers (other students) at my school.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| none of<br>the time      | a little of<br>the time  | some of<br>the time      | most of<br>the time      | all of<br>the time       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain: \_\_\_\_\_

\_\_\_\_\_

## I feel comfortable asking for help and resources at my school.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| none of<br>the time      | a little of<br>the time  | some of<br>the time      | most of<br>the time      | all of<br>the time       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain: \_\_\_\_\_

\_\_\_\_\_

## I feel hopeful for my future.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| none of<br>the time      | a little of<br>the time  | some of<br>the time      | most of<br>the time      | all of<br>the time       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain: \_\_\_\_\_

\_\_\_\_\_

## I am confident that I will find a career that I love.

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| none of<br>the time      | a little of<br>the time  | some of<br>the time      | most of<br>the time      | all of<br>the time       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain: \_\_\_\_\_

\_\_\_\_\_

I feel a sense of community and belonging at my school.

none of the time

a little of the time

some of the time

most of the time

all of the time

Please explain: \_\_\_\_\_

\_\_\_\_\_

What do you hope to get out of being part of GBA?

A community of peers

A break from classes and/or school

Support from GBA staff

Free stuff

Snacks

Information about jobs/careers

Mental health and wellness tips

Ways to self-advocate

Experience for my resume

Other: \_\_\_\_\_

Is there anything else you'd like to share with our GBA staff?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**GBA**