

**OPTIONAL SCALES SAMPLE**

**SCHOOL CLIMATE**  
Students



*Scale: Students' Positive Relationships with Peers*

These questions ask about your friends.

	No!	no	yes	YES!
1. I have a friend my age who cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I spend most of my free time at school with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel lonely at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My friends are interested in what I think and how I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I have personal problems, my friends try to understand and let me know they care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Scale: Truancy*

The following questions are about skipping school.

1. During the past month, I "cut or skipped classes without an excuse.  No  Yes How many times? \_\_\_\_\_

*If you haven't skipped class in the past month, SKIP THE NEXT QUESTION*

2. Why did you cut or skip school in the past month? **Mark all that apply.**
- |  |  |
|--|--|
| <input type="checkbox"/> I wanted to hang out with friends.        | <input type="checkbox"/> I was running late, or missed the bus.                  |
| <input type="checkbox"/> I wanted to avoid a bully.                | <input type="checkbox"/> I had a family obligation, or family-related situation. |
| <input type="checkbox"/> I wanted to avoid a particular teacher.   | <input type="checkbox"/> I felt sick, or had a medical/dental appointment.       |
| <input type="checkbox"/> I didn't want to take a test.             | <input type="checkbox"/> I don't like school.                                    |
| <input type="checkbox"/> I didn't have my homework done for class. | <input type="checkbox"/> I wanted to eat, or take a longer lunch.                |
| <input type="checkbox"/> I wanted to use drugs or alcohol.         | <input type="checkbox"/> I went to the store/mall.                               |
| <input type="checkbox"/> I thought it would be fun.                | <input type="checkbox"/> Other. Please specify _____                             |
| <input type="checkbox"/> I was talked into it.                     |  |