

DIRECTIONS: We need your help and honesty! This survey is being used to understand what life is like for you and other students in your school. All responses are anonymous; this means that no one will know your answers to the questions. **Do not enter your name anywhere on the survey.**

SCHOOL CLIMATE
Students



Please check the boxes that best describe you:

1. What grade are you in?
 - 3
 - 4
 - 5
 - 6
2. How old are you?
_____ years
3. Are you from a Hispanic, Latino, or Spanish background?
 - No
 - Yes
4. Which of the following groups describe your race? (You may select more than one.)
 - White
 - African American/Black
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Don't know
5. Are you a girl or a boy?
 - Girl
 - Boy
6. What kinds of grades do you usually get?
 - Mostly A's (4's)
 - Mostly B's (3's)
 - Mostly C's (2's)
 - Mostly D's (1's)
 - Mostly F's
 - My school does not use this type of grading system

DIRECTIONS: Please check the answer that most closely matches the way you feel. **NO!** means the statement is **never or almost never** true for you, **no** means that the statement is **not usually true** for you, **yes** means that it is **usually true** for you and **YES!** means that the statement is **always or almost always true** for you.

Example

I like pizza.....

| | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|
| NO! | no | yes | YES! |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

The first set of questions asks how you feel about your school and people in your school.

| | No! | no | yes | YES! |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. I like school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I look forward to going to school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I try hard in school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. School is a waste of time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. There is graffiti at my school (writing on the wall that is not supposed to be there). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. My school building is clean. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I like the way my school looks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No! | no | yes | YES! |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. Most things at my school are in good condition (e.g., windows, computers, outdoor equipment). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. My school is well taken care of. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I feel safe at my school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I feel safe on my way to and from school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. At lunch and recess, teachers or staff go into the hallways to check on students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. At lunch and recess, teachers or staff go into the bathrooms to check on students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. There is a way to report unsafe or dangerous behavior at my school without anyone knowing it was me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. If another student was involved in unsafe or dangerous behavior, I would report it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. If I report unsafe or dangerous behavior, I can be sure that the problem will be taken care of as soon as possible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. My school uses easy words to tell us what to do in an emergency (e.g., lockout, lockdown, evacuate, shelter). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. My school uses the same words as police to tell us what we should do in an emergency (e.g., lockout, lockdown, evacuate, shelter). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I know what to do in an emergency when someone tells me what to do (e.g., lockout, lockdown, evacuate, shelter). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Never | Once | A Few Times | A Lot |
| 26. During the past 30 days , how often have you wanted to stay home from school because you were being picked on by someone at school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions ask about students, teachers, other staff and rules at your school.

The next 6 questions can be tricky for some people. They ask you about students from other cultures or ethnic groups; this means students that are from or have relatives from different cultural or ethnic backgrounds than yours. For example, if you consider yourself Asian, then people from other cultures or ethnic groups would consist of Caucasians/Whites, African Americans/Blacks, Hispanics, etc.

| | No! | no | yes | YES! |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 27. I feel comfortable being around students of other cultures or ethnic groups. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. I try hard not to judge people based on their skin color. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Students in my school respect young people of other cultures or ethnic groups. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Student of other cultures or ethnic groups can succeed at my school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. I enjoy being with people who are of a different culture or ethnic group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. I have friends who are of a different culture or ethnic group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No! | no | yes | YES! |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 33. Do teachers at your school listen when students have something to say? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Do teachers at your school really care about students? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do teachers at your school try to help students when they are having problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Do the principal and the rest of the school staff try to make your school a place students like to be? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Everyone knows what the school rules are. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. The school rules are fair. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. The consequences (lose recess, stay after school, go to principal's office, etc.) for breaking school rules are the same no matter who you are. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. If a kid at my school breaks the rules, he/she will definitely get in trouble. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. If a school rule is broken, students know what kind of consequences will follow (lose recess, stay after school, go to principal's office, suspension, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. I respect the principal in my school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. I respect the teachers in my school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. I care what my teachers think of me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. I care what other adults (staff members, counselor, school resource officer, etc.) in my school think of me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions ask about violence and aggression.

| | No! | no | yes | YES! |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 46. My friends think it is OK to push or shove other people if you are mad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. My friends think it is wrong to get into physical fights with others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. My friends think it is OK to hit someone back when they hit you first. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. My friends think it is OK to yell at others and say mean things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. It is OK to push or shove other people around if you're mad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Sometimes you have to physically fight to get what you want. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. I think it is OK to hit someone back when they hit you first. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. It is OK to yell at others and say mean things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

54. During the **past 12 months**, how many times were you in a physical fight on school property?

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

55. If you were in a physical fight on school property, did **you** hit the other person first?

- I was not in a physical fight on school property.
- No
- Yes

The following questions are about bullying.* *Please be sure to read the definition below before answering the bullying questions!*

We say a student is being bullied when another student, or several other students:

- say mean and hurtful things, or make fun of him/her
- completely ignore and exclude him/her from their group of friends or leave him/her out of things on purpose
- hit, kick, push, shove around, or lock him/her inside a room
- tell lies or spread false rumors about him/her or send mean notes and try to make other students dislike him/her

When we talk about bullying, these things happen **more than just once**, and it is difficult for the student being bullied to defend himself/herself.

We do not call it bullying when the teasing is done in a friendly and playful way. Also, it is not bullying when two students of about equal strength or power argue or fight.

* Bullying Questions are from the Olweus Student Bullying Questionnaire by Dr. Dan Olweus © 2007 Hazelden Foundation. Reprinted with permission for Hazelden Foundation, Center City, MN.

56. Have you ever been bullied at school?

- No
- Yes

57. Have you been bullied at school in the **past couple of months** in one or more of the following ways? (If you have never been bullied, mark "Not in the past couple of months".)

| | Not in the Past Couple of Months | Only Once or Twice | 2 or 3 Times a Month | About Once a Week | Several Times a Week |
|---|--|--------------------------|----------------------------|--------------------------|----------------------------|
| a) I was called mean names, was made fun of, or teased in a hurtful way. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Other students left me out of things on purpose, excluded me from their group of friends, or completely ignored me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I was hit, kicked, pushed, and shoved around, or locked indoors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Other students told lies or spread false rumors about me and tried to make others dislike me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I had money or other things taken away from me or damaged. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I was threatened or forced to do things I did not want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I was bullied with mean names or comments about my race or color. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I was bullied with mean names, comments, or gestures with a sexual meaning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I was bullied with mean or hurtful messages, calls or pictures, or in other ways on my cell phone or over the internet (computer). <i>Please remember that it is not bullying when it is done in a friendly and playful way.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i.a) If you were bullied on your cell phone or over the internet, how was it done? | | | | | |
| <input type="checkbox"/> I have not been cyber bullied in the past couple of months | | | | | |
| <input type="checkbox"/> Only on the cell phone | | | | | |
| <input type="checkbox"/> Only over the internet | | | | | |
| <input type="checkbox"/> In both ways | | | | | |
| j) I was bullied in another way | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

58. **Where** have you been bullied in the **past couple of months**?

- I have not been bullied at school in the **past couple of months**.
- I have been bullied in one or more of the following places in the **past couple of months**.

Please mark all the places where you have been bullied:

- On the playground/athletic field (during recess or break times)
- In the hallways/stairwells
- In class (when the teacher was in the room)
- In class (when the teacher was not in the room)
- In the bathroom
- In gym class or the gym locker room/shower
- In the lunchroom
- On the way to and from school
- At the school bus stop
- On the school bus
- Somewhere else at school

59. Have you **told anyone** that you have been bullied in the **past couple of months**?

- I have not been bullied at school.
- I have been bullied, **but I have not told anyone**.
- I have been bullied, and **I have told somebody about it**.

60. Please mark all the people you have told:

- Your class or homeroom teacher
- Another adult at school
- Your parent(s)/guardian(s)
- Your brother(s) or sisters(s)
- Your friend(s)
- Somebody else

| | Almost never | Once in a while | Sometimes | Often | Almost always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 61. How often do the teachers or other adults at school try to put a stop to it when a student is being bullied at school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. How often do other students try to put a stop to it when a student is being bullied at school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

63. Has **any adult at home** contacted the school to try to stop your being bullied at school in the **past couple of months**?

- I have not been bullied at school.
- No, they have not contacted the school.
- Yes, they have contacted the school once.
- Yes, they have contacted the school several times.

The next questions ask about bullying other students.

64. Have you **ever taken part in bullying another student(s)** at school?

- No
- Yes

65. Have you bullied another student(s) at school in the **past couple of months** in one or more of the following ways? (If you have never bullied another student, mark "Not in the past couple of months".)

| | Not in the Past Couple of Months | Only Once or Twice | 2 or 3 Times a Month | About Once a Week | Several Times a Week |
|---|--|--------------------------|----------------------------|--------------------------|----------------------------|
| a) I called another student mean names, made fun of or teased him/her in a hurtful way. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I kept him/her out of things on purpose, excluded him/her from my group of friends, or completely ignored him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I hit, kicked, pushed, and shoved him/her around, or locked him/her indoors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I spread false rumors about him/her and tried to make others dislike him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I took money or other things away from him/her or damaged his/her belongings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I threatened or forced him/her to do things he/she did not want to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I bullied him/her with mean names or comments about his/her race or color. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I bullied him/her with mean names, comments, or gestures with a sexual meaning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I bullied him/her with mean or hurtful messages, calls or pictures, or in other ways on my cell phone or over the internet (computer). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

i.a) If you bullied another student(s) on your cell phone or over the internet, how was it done?

- I have not cyber bullied another student in the past couple of months
- Only on the cell phone
- Only over the internet

In both ways

j) I bullied him/her in another way

66. Has **your class or homeroom teacher or any other teacher** talked with you about your bullying another student(s) at school in the **past couple of months**?

- I have not bullied another student(s) at school in the past couple of months.
- No, they have not talked with me about it.
- Yes, they have talked with me about it once.
- Yes, they have talked with me about it several times.

67. Has **any adult at home** talked with you about your bullying another student(s) at school in the **past couple of months**?

- I have not bullied another student(s) at school in the past couple of months.
- No, they have not talked with me about it.
- Yes, they have talked with me about it once.
- Yes, they have talked with me about it several times.

The questions below are about smoking, drinking alcohol, and drug use. Alcohol includes beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

| | No | Yes |
|---|--------------------------|--------------------------|
| 68. During your life , have you smoked cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. During your life , have you drunk wine, beer, or other alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. During your life , have you used marijuana (sometimes called pot or weed)? | <input type="checkbox"/> | <input type="checkbox"/> |

71. During the **past 30 days**, on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

72. During the **past 30 days**, on how many days did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

73. During the **past 30 days**, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

These questions are about your family and other important people in your life. If you do not live with your parents, answer questions about the adult who is in charge where you live.

| | No! | no | yes | YES! |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 74. I can tell my parents the way I feel about things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. I like to do things with my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. I usually have dinner with my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. I feel close with my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. I spend time with my family doing things like shopping, playing sports, or working on school projects. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. My family has rules about where I can go and what I can do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. When I'm not home, one of my parents knows who I am with. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. When I'm not home, one of my parents knows where I am. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. My parents know who my friends are. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. My parents make sure I do my homework. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. My parents notice when I do a good job and let me know. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 85. My parents want me to get good grades. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. My parents talk to me about doing well in school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 87. There will always be people in my life I can count on. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. Besides my family, there is an adult who I can trust. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 89. I believe there is some good in everybody. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. Important people in my life often let me down. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 91. I have a friend I can talk to if I have a problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. There is someone at school I can talk to if I have a problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |