



MCGRUFF CLUB PRE-SURVEY FORM

1. Do you feel safe at school?

_____never _____at least once a month _____at least once a week _____daily

2. Do you feel safe after school?

_____never _____at least once a month _____at least once a week _____daily

3. How often have you heard from other that they do not feel safe either in school or after school?

_____never _____at least once a month _____at least once a week _____daily

4. When you or somebody else did not feel safe, what did you or they do?

5. Why do you think you do not feel safe? (check all that apply)

_____because of my religion
_____because of how I look
_____because of I am different from others
_____other

6. Why do you think your friends do not feel safe? (check all that apply)

_____because of my religion
_____because of how I look
_____because of I am different from others
_____other

7. When you don't feel safe, is there a teacher, school volunteer, or school administrator you trust to ask for help?



_____no _____yes _____does not apply

8. When you don't feel safe, is there a police officer or a school resource officer you trust to ask for help?

_____no _____yes _____does not apply

9. When you don't feel safe, is there a family member you trust to ask for help?

_____no _____yes _____does not apply

10. When you don't feel safe, is there someone in your community that you trust to ask for help (i.e. someone from a church or a community center)?

_____no _____yes _____does not apply

11. What can teachers, school volunteers, or other staff do to help you feel safe?

12. What can police officers or school resource officers do to help you feel safe?

13. What can someone from the community like a trusted adult from the community center or a house of worship do to help you feel safe?

14. What can you do to help you feel safe in school and after school?
