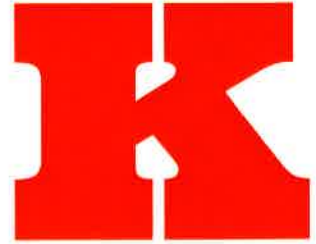


Kingston Public Schools

CBS Academy
PO Box 370
Kingston, OK 73439



Dear Applicant,

Oklahoma's Alternative Education programs are designed to service at-risk students failing to successfully complete their secondary education and acquire basic skills for higher education and/or employment. Alternative Education Programs are a part of the traditional school; however, they are specifically tailored to meet the needs of students who may be struggling with poverty, substance abuse, family dysfunction, or psychological or physical trauma.

A student can apply to attend an Alternative Education Program only if they are considered an "at-risk" student. At-risk is defined as "a student whose present or expected status indicates they might fail to complete their secondary education for reasons which may include academic deficiency, behavior difficulties, excessive excused absences, pregnancy or parenting, family issues, substance abuse, financial issues, physical or mental health issues, juvenile justice involvement, or other such factors, not including disability status".

Enclosed, please find the forms for Kingston's Alternative Education program including contact information, student information, parent climate survey, and student climate survey. **ALL forms MUST** be filled out completely to be considered for the Alternative Education Program. **NOTE:** If the student is not enrolled in Kingston Public School, an enrollment packet will also be required.

This program has a limited number of seats available so this application **DOES NOT** guarantee a spot in the program. Please return the completed packet to the high school office. Parents and/or students will be notified upon acceptance into the program.

Thank you,
Stacy Germany
Alternative Education Director
580-564-9836

I have read the above letter. _____
Parent initials Student initials

MEDICAL INFORMATION:

Does your child have any of the following medical problems listed below?

- | | | | | | |
|------------------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|
| ADHD | <input type="checkbox"/> | Convulsions | <input type="checkbox"/> | Allergies and/or Sinuses | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Seizures | <input type="checkbox"/> | Other : _____ | <input type="checkbox"/> |
| Headaches | <input type="checkbox"/> | Respiratory Issues | <input type="checkbox"/> | | |
| Digestive Issues | <input type="checkbox"/> | Frequent colds | <input type="checkbox"/> | | |

Does your child have an IEP or a 504? yes no

Does your child wear glasses or contacts? yes no

Does your child have any physical limitations or impairments? yes

If yes, explain: _____ no

List any other pertinent medical information: _____

List any medications taken regularly and the reason taken: _____

Students served in Oklahoma's Alternative Education programs are at-risk for high school failure for a variety of reasons which may include academic deficiency, behavioral difficulties, excessive absences, pregnancy or parenting, family issues, substance abuse, financial issues, physical or mental health issues, juvenile justice involvement, or other such factors, not including disability status. Alternative Education programs are specifically tailored to meet the needs of students who may be struggling with poverty, substance abuse, family dysfunction, or psychological or physical trauma. At-risk children and youth are individuals whose present or predictable status (economic, emotional/social, academic, and/or health) indicates that they may fail to successfully complete their secondary education and acquire basic life skills necessary for higher education and/or employment.

Based on the above definition of an "at-risk" child, why do you feel your child is qualified to be placed in this alternative education program?

Completed by : _____

Date: _____

Alternative School Criteria Support Indicator

This "Alternative School Criteria Support Indicator" Form **MUST** be filled out **COMPLETELY**. It is sent to the State Board of Education-Alt Ed Department as (reasoning) documentation for placement in the Alt Ed program.

Student Full Name: _____
First Middle Last

Grade: _____

Support Indicator	Points
Low socio-economic or minority status	1
Teacher, counselor, or principal referred	1
GPA below 2.0 (if so, current GPA _____)	1
Retained at any point in educational process	2
Credit deficiencies for graduation with entering class:	
a. 2 credits or less	1
b. 3 - 5 credits	2
c. 6 - 7 credits	3
d. 8 credits or more	4
Behavioral intervention:	
a. Full day in-school suspension: 2 - 5 times	1
b. Full day in-school suspension: more than 5 times	2
c. Out of school suspension: 1 - 2 times	3
d. Out of school suspension: 3 or more times	4
Attendance (excluding medical or any kind of suspension):	
a. Absent 10 days or less	1
b. Absent more than 10 days	2
Personal crisis or trauma (example: drug/alcohol abuse, suicide attempts, placement outside of the home, abuse/neglect, pregnant/parenting)	3
Transience (past 3 years)	
a. 2 schools	1
b. 3 schools	2
c. 4 or more schools	3
Oklahoma Juvenile Authority (OJA) involvement If yes, what capacity or violation _____	1
Department of Human Services (DHS) involvement If yes, what capacity _____	1
Previously or currently involved in legal/court proceeding If yes, when and what violation _____	1
Previously or currently enrolled in an Alternative Education Program.	2
Total Points:	

Kingston Alternative Education Counseling Consent

To be completed by parent/guardian AND student

Kingston Public School students who are attending alternative education are **REQUIRED** to participate in guidance and counseling groups that focus on anger management, substance abuse, conflict resolution, decision making skills, self-esteem, emotional control, and other life skills. Counselors and professionals from outside agencies will assist us with these groups. These required sessions are of great benefit to the students.

In addition, Refuge Behavioral Health is contracted with Kingston Public Schools and will provide individual treatment to alternative education students, if needed. These services will be provided at the request of the student.

By signing the consent form:

1. I authorize counseling services to be provided to my child upon request, and I will sign the appropriate treatment forms and plans with Refuge Behavior Services or any other agency. These sessions can include, but are not limited to mandatory group sessions, pull-out group sessions, and individual treatment plans.
2. I understand that these services can be provided by the school counselor, Marshall County Family Services, or any other professional agency acting on behalf of Kingston Public Schools.
3. I will personally meet with the service providing agency, if required for treatment of my child.

Signature of Parent/ Guardian: _____

Date: _____

STUDENT: By signing this form: I understand that I will be required to participate in guidance and counseling as described above and that my choosing to not participate will affect my status as a Kingston alternative education student.

Signature of Student: _____

Date: _____

Kingston Public Schools

College Preparatory/Work Ready Parental Curriculum Choice Letter

Dear Parent or Legal Guardian:

Under 70 O.S. § 11-103.6, state law requires eighth-grade students entering the ninth grade to complete college preparatory/work ready high school curriculum outlined in the statute, unless the student's parent or legal guardian approves the student to enroll in core curriculum. The college preparatory/work ready curriculum and the core curriculum requirements are attached. Successful completion of either curriculum will result in receiving a standard diploma. However, the core curriculum does not meet college entrance requirements, nor requirements for the Oklahoma Promise scholarship available to students whose family income meets a certain criteria and who earn a 2.5 GPA in the college preparatory/work ready curriculum.

Choosing the courses a student takes in high school is an important decision for you and your child. With your input, courses chosen for a student's career pathway can give him or her a head start on career and education success. A college preparatory curriculum is challenging and may help determine a student's future success in higher education and the world of work. Students who take a college preparatory curriculum designed to prepare them for both college and a career have more opportunities. In addition, high school students who enroll in a career pathway at a technology center and meet eligibility requirements have the opportunity to earn college credit while in high school. This opportunity has been made possible through a new Cooperative Alliance between the State Regents for Higher Education and the Oklahoma Department of Career Technology.

Please complete the information below by checking which curriculum is best for your child. According to the law, if you do not select the existing state high school graduation requirements, your child will automatically be enrolled in the new college preparatory curriculum. Please contact the school principal or school counselor if you have questions or need information on local graduation requirements.

As the Parent/Guardian, I am selecting the following curriculum for my child:

Check one:

College Preparatory/Work Ready Curriculum

OR

Core Curriculum

Student's Name (Print): _____

Grade: _____

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____

Date: _____

High School Name: **KINGSTON HIGH SCHOOL**

School Official Name (Print) _____

School Official Signature _____

Date: _____

Kingston Alternative Education Implementation Plan

Classroom Rules

- 1 Rules posted
- 2 Rules discussed with students at beginning of year and during year, when needed
- 3 Emphasize appropriate behavior
- 4 Adhere to without exception
- 5 Kingston HS/MS Handbook rules apply to Alternative Education students

Classroom routines and procedures

- 1 Classes follow bell schedule of regular MS/HS
- 2 Students go to breakfast/lunch with regular MS/HS
- 3 Students receive a 3rd meal at 2:30 pm
- 4 Students must check out through the main MS/HS office
- 5 Students who are tardy will check in through the main MS/HS office
- 6 Students will attend counseling once a week
- 7 Students follow same transportation guidelines as regular MS/HS students.
- 8 Students may attend regular education classes (art, band, athletics)

Physical Environment

- 1 Teacher can observe all students at all times
- 2 Furniture arranged to facilitate maximum learning environment
- 3 Frequently used materials are accessible (calculators, textbooks, paper, pencils/pens)
- 4 Students have 2 bulletins boards used for classroom assignments
- 5 Teacher's desk is readily accessible for students to approach for help
- 6 Outside area is available for teaching, learning and breaks
- 7 Students are currently seated a minimum of 6 ft apart

Instruction and Academic Work

- 1 Varied teaching strategies (computer, paper/pencil, resource room available for IEP students)
- 2 Well-planned lessons at appropriate level for students (grades 7-12)
- 3 Assignments are relevant and meaningful to students
- 4 Assignments meet Oklahoma PASS skills and/or standards
- 5 Clear questions/directions/instructions
- 6 Students work at their own pace with teacher guidance to keep student on target
- 7 Positive atmosphere and expectation for success
- 8 Teachers available for further instruction
- 9 Utilizes formative assessment to guide instruction
- 10 Tutoring (before/after school, Saturday school) is available
- 11 Parents will be notified if student is not meeting expectations

Student Signature

Teacher Signature

Parent Signature

Student Behavior Observation Checklist

To be completed by student

Name: _____

Mark all behaviors that are affecting school performance right now.

Academics

- | | | | |
|-------------------------|--------------------------|-------------------|--------------------------|
| Declining Grades | <input type="checkbox"/> | Cheating | <input type="checkbox"/> |
| Lack of Motivation | <input type="checkbox"/> | Sleeping in class | <input type="checkbox"/> |
| Not doing personal best | <input type="checkbox"/> | Inattentive | <input type="checkbox"/> |
| Not turning in work | <input type="checkbox"/> | Academic anxiety | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | | |

Attendance:

- | | | | |
|----------------------|--------------------------|------------------------------|--------------------------|
| Absenteeism | <input type="checkbox"/> | Faking being sick | <input type="checkbox"/> |
| Tardiness | <input type="checkbox"/> | Not currently enrolled | <input type="checkbox"/> |
| Leaving school early | <input type="checkbox"/> | In building but not in class | <input type="checkbox"/> |
| Skipping classes | <input type="checkbox"/> | Called into work | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | | |

Attitude:

- | | | | |
|----------------------|--------------------------|-------------------------------|--------------------------|
| Disruptive in class | <input type="checkbox"/> | Drugs | <input type="checkbox"/> |
| Disrespectful | <input type="checkbox"/> | Not following rules | <input type="checkbox"/> |
| Defiance | <input type="checkbox"/> | Struggle accepting correction | <input type="checkbox"/> |
| Negativity | <input type="checkbox"/> | Nervous about school | <input type="checkbox"/> |
| Discipline Referrals | <input type="checkbox"/> | Bored with school | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | | |

I realize my current behaviors are negatively affecting my ability to succeed in school. Therefore, I will take steps to change these behaviors so that I will be more successful while attending the Kingston Alternative Education Program.

Student Signature: _____

Date: _____

Student Entry Survey

To be completed by student

Name: _____

Please answer the following questions. There are no right or wrong answers, so feel free to answer the questions honestly. Your answers will assist us in getting to know you. Please circle the answer that most closely represents your feelings.

- | | | | | | | | |
|--|--------------|---|---|---|---|---|------------|
| How much do you respect yourself? | Little | 1 | 2 | 3 | 4 | 5 | Lots |
| How much do you respect your parents/guardians? | Little | 1 | 2 | 3 | 4 | 5 | Lots |
| How well do you treat other people around you? | Poorly | 1 | 2 | 3 | 4 | 5 | Very Well |
| How well do you think you read? | Poorly | 1 | 2 | 3 | 4 | 5 | Very Well |
| How well are you doing in math? | Poorly | 1 | 2 | 3 | 4 | 5 | Very Well |
| How much do you fight/argue with others? | Never | 1 | 2 | 3 | 4 | 5 | Often |
| How well do you get along with your peers? | Poorly | 1 | 2 | 3 | 4 | 5 | Very Well |
| How well do you interact with people in authority? | Poorly | 1 | 2 | 3 | 4 | 5 | Very Well |
| Do you prefer paper/pencil or online classes? | Paper/Pencil | 1 | 2 | 3 | 4 | 5 | Online |
| Do you think that you will finish high school? | No | 1 | 2 | 3 | 4 | 5 | Definitely |
| Do you plan on going to college? | No | 1 | 2 | 3 | 4 | 5 | Definitely |

Is there anything else you would like us to know about yourself?

yes no

If yes, what?

Student Signature: _____

Date: _____

SCHOOL CLIMATE SURVEY

Parents

The State Department of Alternative Education has asked us to provide parents with this survey to improve student relationships, learning conditions, and the alternative education program's overall environment.

YOUR answers are confidential.

Your answers will be combined with those of other parents.

NO ONE will be told how you answered.

INSTRUCTIONS

Please read each question carefully, and check the ONE answer that most closely fits your opinion. We appreciate your taking the time to do the survey.

Please indicate how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am satisfied with the length of the school day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My child's school environment is clean and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I like my child's school building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child feels safe at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Students at my child's school are well-behaved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My child is safe going to and from school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The learning environment at my child's school is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am proud that my child attends this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am satisfied with the extracurricular activities at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Communication with families occurs in an open and respectful manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. School staff has helped my child learn how to manage time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Teachers assign high-quality homework that helps my child learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Teacher's at my child's school set high standards for students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child's teachers encourage students to think independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The best teachers and staff are kept at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Overall, I am satisfied with my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The teachers at my child's school are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The academic needs of students are met at my child's school.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The teachers and the staff at my child's school follow through on commitments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My child's academic performance has improved because of the staff at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Students at my child's school respect their teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Overall, I respect the teachers at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The rules for student conduct are consistently enforced at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how much you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
1. School staff encourages students to respect each others differences (gender, race).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adults who work in my child's school treat students with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adults in my child's school seem to work well with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I wish my child went to a different school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. School staff has a positive impact on my child's behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The rules for student behavior at my child's school are fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My child can turn to friends at school with questions about homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The teachers in the school have built strong relationships with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My child has friends at school he or she can trust and talk to about problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I know what is going on in my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. My child's school tries to get family members to take part in school activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. I am actively involved with my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Parents are involved in making important school decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child has pride in the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel comfortable talking with my child's teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am well-informed about how my child is doing in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel welcome at my child's school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I know what my child's teacher expects of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

THIS IS END OF THE SURVEY. THANK YOU!!

SCHOOL CLIMATE SURVEY

Middle - High School Students

The State Department of Alternative Education has asked us to provide students with this survey to improve student relationships, learning conditions, and the alternative education program's overall environment.

YOUR answers are confidential.

Your answers will be combined with those of other students.

NO ONE will be told how you answered.

INSTRUCTIONS

Please read each question carefully, and check the ONE answer that most closely fits your opinion. We appreciate your taking the time to do the survey.

Please indicate how much you agree or disagree with the following statements about your school:

- | | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The length of the school day is about right. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I often do NOT have enough time to get from one class to the next. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My school is kept clean. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I like my school building. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My school has clear rules and consequences for behavior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate how much you agree or disagree with the following statements about students at your school:

Most students in my school....

- | | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. do their best, even when their work is difficult. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. do all their homework, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. think it is OK to cheat if other students are cheating. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. try to do a good job on schoolwork even when it is NOT interesting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate how much you agree or disagree with the following statements about your teachers:

My teachers...

- | | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. give me a lot of encouragement. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. make learning interesting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. encourage students to share ideas about things we are studying in class. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. notice when I am doing a good job and let me know about it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. will help me improve my work if I do poorly on an assignment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. provide me with lots of chances to be part of class discussions or activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. often assign homework that helps me learn. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. will give me extra help at school outside of our regular class. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate how much you agree or disagree with the following:

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

- | | Never | Seldom | Sometimes | Often | Almost Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. enjoy being in school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. hate being in school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. feel that the school work you were assigned was meaningful and important? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please indicate how much you agree or disagree with the following:

- | | Strongly disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Students have lots of chances in my school to get involved in sports, clubs, and other school activities outside of class. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have opportunities to express myself at school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Students help decide what goes on in my school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I wish I went to a different school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In my school, students have lots of chances to help decide things, like activities and rules. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I feel like I belong at this school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Teachers and other adults here listen to student's ideas about the school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My family wants me to do well in school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My parents ask if I've gotten my homework done. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My parents would punish me if they found out I skipped school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

THIS IS END OF THE SURVEY. THANK YOU!!