



School Safety Climate Survey

Personal Information

Your Name_____

Your Personal Email_____

Do you feel physically safe at your school?

Yes _____ Other_____

No _____

Does your administration do the best they can to keep your school safe for all?

Yes _____ Other_____

No _____

How would you rate communication between school staff and admin related to problem solving in your building?

Excellent Good Fair Poor Very Poor

Other_____

If violence occurs that involves a student, is there a fair and consistent plan in place to address it with the parent or guardian(s)?

Yes _____ Other_____

No _____

Are there fair and consistent consequences for student behavioral issues?

Yes _____ Other_____

No _____

What are some specific solutions that could be implemented to improve safety for students and staff at your school?

