


# 2020 Student Attitudes to School Survey

[If using **GRADED** login]

 A quick question before we begin the survey...


**Are you [Name] from [School and Campus Name]?**

Yes

No

**Next**

[If using **UNGRADED** login]

 Two quick questions before we begin the survey...

**Are you [Name] from [School and Campus Name]?**

Yes

No

**Can you please select your school year:**  
(If you do not have a school year level, please select the year that is the best fit for you)

Year 4

Year 5

Year 6

Year 7

Year 8

Year 9

Year 10

Year 11


Year 12

**Next**

[In all cases, if student name or school name is not correct, do not continue with the survey. Display the following:]

Please let your Teacher know **right now** so they can check your logon details. Close this window. Your teacher can help you log on again with the correct details.

[If using SPARE login]


 **A few questions before we begin the survey...**

As your teacher has given you a spare account, can you please confirm your school, and then provide your name, age, year and gender before you start the survey:


**Do you go to [School and Campus Name]?**

Yes  
 No

**Your first name:**



**Your surname:**



**Your age:**

10 years and under  
 11 years  
 12 years  
 13 years  
 14 years  
 15 years  
 16 years  
 17 years  
 18 years and older

**Your school year:**  
(If you do not have a school year level, please select the year that is the best fit for you)

Year 4  
 Year 5  
 Year 6  
 Year 7  
 Year 8  
 Year 9  
 Year 10  
 Year 11  
 Year 12

**Your gender:** [Not compulsory]

- Male
- Female
- Self-described *[Please specify]* \_\_\_\_\_

**Are you of Aboriginal or Torres Strait Islander origin?** [Not compulsory]

- No
- Yes, Aboriginal or Torres Strait Islander

Next



Hello [Name], from [School and Campus Name]

## Welcome to the Attitudes to School Survey

This survey helps us find out how YOU feel about your school.

Your answers will be kept safe by our team at ORIMA Research and the Department of Education and Training. No one except you will know what answers you gave. Reports about the survey results that your teachers and school may see will never identify you.

The survey can help your school become better. The Department of Education and Training will use the results for research to improve outcomes for students.

This is not a test and there are no right or wrong answers. If you don't know what a question means, please ask your teacher or parent to help you.

You will be asked about your thoughts and feelings in relation to your school, family, friends, health (including mental health) and wellbeing, and bullying.

- If you don't want to participate in the survey, please close this window now.
- If you don't want to answer a question, you can skip it and go to the next question.
- You can stop the survey at any time.

If any questions make you upset or uncomfortable, please speak with your school teacher, school chaplain or your parent.

This survey will take around 30-40 minutes to complete. If you run out of time it is OK to stop and leave some answers blank.

### Instructions

- Please read each question carefully before you answer.
- The survey will present a number of statements about you and your learning. For each one, please select the option that feels right for you for each statement.
- For example, if you agree that you like school, you would select 'agree', as shown below.

#### EXAMPLE QUESTION:



Strongly Disagree



Disagree



Neither Agree nor Disagree



Agree



Strongly Agree

a I like school



## About your learning in the classroom

[Ask Q1a-p if Year Level = 4 to 6]

1. We would like to start by asking you about **your teacher**. This is the main classroom teacher you have now.  
 Please pick the answer that shows how you feel about each statement.

					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My teacher makes learning fun	1	2	3	4	5
b. My teacher makes the work we do in class interesting	1	2	3	4	5
c. My teacher helps me to do my best	1	2	3	4	5
d. My teacher understands how I learn	1	2	3	4	5
e. My teacher gives extra help when students need it	1	2	3	4	5
f. My teacher asks questions to check that we understand	1	2	3	4	5
g. My teacher tells us what we are learning and why	1	2	3	4	5
h. My teacher asks me questions that challenge my thinking	1	2	3	4	5
i. My teacher explains difficult things clearly	1	2	3	4	5
j. My teacher seems to know if something is bothering me	1	2	3	4	5
k. My teacher cares about how I am feeling	1	2	3	4	5
l. I can talk to my teacher if something is worrying me	1	2	3	4	5
m. My teacher expects students to pay attention	1	2	3	4	5
n. My teacher sets clear rules for classroom behaviour	1	2	3	4	5
o. My teacher likes my ideas	1	2	3	4	5
p. I am encouraged to share my ideas	1	2	3	4	5


[Ask Q1ia-iab if Year Level = 7 to 12]

We would like to start by asking you about **your teachers**.

When you answer, you need to think about all your current teachers. Your answers should be based on what most of your teachers do.

Please select the option that feels right for you for each statement.

					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. My teachers are inspiring	1	2	3	4	5
b. My teachers make the work we do in class interesting	1	2	3	4	5
c. My teachers motivate us to think in our learning	1	2	3	4	5
d. My teachers understand how I learn	1	2	3	4	5
e. My teachers explain things in different ways to students who need it	1	2	3	4	5
f. My teachers give different work to students depending on their ability	1	2	3	4	5
g. My teachers give extra help when students need it	1	2	3	4	5
h. If I don't understand something, my teachers explain it another way [Ask h if Year Level = 10 to 12 only]	1	2	3	4	5
i. My teachers use more than one way to check that we understand	1	2	3	4	5
j. My teachers give me feedback about my work	1	2	3	4	5
k. The feedback that my teachers give helps me understand how to improve	1	2	3	4	5
l. My teachers are well prepared	1	2	3	4	5
m. My teachers ask me to explain my answers	1	2	3	4	5
n. My teachers ask me questions that challenge my thinking	1	2	3	4	5
o. My teachers explain things clearly	1	2	3	4	5
p. My teachers take the time to summarise what we learn in class	1	2	3	4	5
q. My teachers provide learning outcomes for each lesson	1	2	3	4	5
r. My teachers know when we understand the lesson and when we do not [Ask r if Year Level = 10 to 12 only]	1	2	3	4	5

					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
s. My teachers seem to know if something is bothering me	1	2	3	4	5
t. My teachers are interested in my wellbeing	1	2	3	4	5
u. I can talk to my teachers about any of my concerns	1	2	3	4	5
v. I can trust my teachers with private or confidential information about me [Ask v if Year Level = 10 to 12 only]	1	2	3	4	5
w. My teachers expect students to pay attention	1	2	3	4	5
x. My teachers set clear rules for classroom behaviour	1	2	3	4	5
y. If students misbehave in class, my teachers manage it effectively	1	2	3	4	5
z. Students are rewarded or acknowledged for appropriate behaviour	1	2	3	4	5
aa. Teachers at this school treat students with respect	1	2	3	4	5
ab. My teachers incorporate student ideas in class activities	1	2	3	4	5

## Your experience at school






[Ask ALL Q2a-x]

2. Now we would like to ask you about how you **feel about your school**.

Please select the option that feels right for you for each statement.

					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I am happy to be at this school	1	2	3	4	5
b. I like this school	1	2	3	4	5
c. I feel like I belong at this school	1	2	3	4	5
d. I look forward to going to school	1	2	3	4	5
e. I feel proud about being a student at this school	1	2	3	4	5
f. Students at this school treat teachers with respect	1	2	3	4	5
g. Students at this school treat each other with respect	1	2	3	4	5
h. All students are treated fairly at this school	1	2	3	4	5
i. It is okay to be different at this school [Ask i if Year Level = 4 to 6 only]	1	2	3	4	5
j. Students in this school respect each other's differences [Ask j if Year Level = 7 to 12 only]	1	2	3	4	5
k. At this school, we learn ways to resolve disagreements so that the outcome is satisfactory [Ask k if Year Level = 7 to 12 only]	1	2	3	4	5
l. At this school, there is a teacher or another adult who cares about me	1	2	3	4	5
m. At this school, there is a teacher or another adult who listens to me when I have something to say	1	2	3	4	5
n. There is a teacher or another adult at this school who believes that I can be successful	1	2	3	4	5
o. I have someone at school who I can share any problems with	1	2	3	4	5
p. I feel safe at this school	1	2	3	4	5
q. This school deals fairly with bullying problems	1	2	3	4	5








					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
r. I know where to get help if I feel bullied [Ask r if Year Level = 4 to 6 only]	1	2	3	4	5
s. At this school there is support for students who are bullied [Ask s if Year Level = 7 to 12 only]	1	2	3	4	5
t. At this school, I help decide things like class activities or rules [Ask t if Year Level = 4 to 9 only]	1	2	3	4	5
u. I feel that I have a voice at this school [Ask u if Year Level = 10 to 12 only]	1	2	3	4	5
v. Things I am taught are worthwhile learning [Ask v if Year Level = 7 to 12 only]	1	2	3	4	5
w. The students in my class(es) enjoy being together	1	2	3	4	5
x. The students in my class(es) are kind and helpful	1	2	3	4	5

## About you and how you are doing at school

[Ask ALL Q3a-m]





3. We now have some questions about **you** and **how you are doing at school**. Remember, there are no right or wrong answers.






Please select the option that feels right for you for each statement.

					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I always try to attend school	1	2	3	4	5
b. I try to catch up on my work if I am absent from school	1	2	3	4	5
c. My parents believe that going to school is important [Ask c if Year Level = 4 to 6 only]	1	2	3	4	5
d. I want to learn new things	1	2	3	4	5
e. I am learning things that really interest me	1	2	3	4	5
f. I have a say in the things I learn	1	2	3	4	5
g. There is a teacher or another adult at this school who tells me when I do a good job	1	2	3	4	5
h. I am good at learning [Ask h if Year Level = 4 to 6 only]	1	2	3	4	5
i. I can do challenging school work [Ask i if Year Level = 4 to 6 only]	1	2	3	4	5
j. I enjoy tasks that challenge me [Ask j if Year Level = 7 to 12]	1	2	3	4	5
k. I try very hard at school [Ask k if Year Level = 4 to 6 only]	1	2	3	4	5
l. I ask my teacher for help when I find my work difficult [Ask l if Year Level = 4 to 9 only]	1	2	3	4	5
m. Other students accept me as I am	1	2	3	4	5

[Ask Q4a-h if Year Level = 7 to 12]

4. Please select the option that feels right for you for each question.

					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I come to class willing to learn	1	2	3	4	5

					
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
b. I set learning goals for myself	1	2	3	4	5
c. When I don't get good results, I study or work harder the next time [Ask c if Year Level = 10 to 12 only]	1	2	3	4	5
d. I am confident in my learning	1	2	3	4	5
e. I know I can keep up with my learning	1	2	3	4	5
f. I have the opportunity to participate in decision-making at this school	1	2	3	4	5
g. I have the opportunity to influence class discussions by presenting my ideas or opinions [Ask g if Year Level = 10 to 12 only]	1	2	3	4	5
h. My parents expect me to complete Year 12	1	2	3	4	5

[Ask Q5, Q6 and Q7 if Year Level = 10 to 12 only]

5. Do you plan to complete a Year 12 certificate?  
 This could include a VCE, Intermediate or Senior VCAL, IB, or another equivalent certificate.

- 1 Yes
- 2 No
- 3 Unsure

6. What qualification are you currently working towards?

- 1 Victorian Certificate of Education (VCE)
- 2 Victorian Certificate of Applied Learning (VCAL)
- 3 International Baccalaureate (IB)
- 4 None of the above
- 5 Unsure

This question asks you about what you plan to do after you complete Year 12, or after you leave school if you decide to finish school earlier for any reason.

7. In the year after leaving school, what do you plan to do?  
 Please select one option which best describes your current future plans.

- 1 Go to university
- 2 Do an apprenticeship or traineeship
- 3 Go to TAFE / study a VET qualification
- 4 Do paid work / look for a job
- 5 Care for your child, other relative, or similar person

- 6 Take a break before studying (e.g. gap year)
- 7 Other
- 8 Unsure

[Ask ALL Q8-Q9]

8. Now, think back about school this year, including time you spent learning in the classroom, and any time you spent learning from home. How often did you...?

	Never	Rarely	Sometimes	Often	Almost always
a. Enjoy being in school	1	2	3	4	5
b. Hate being in school	1	2	3	4	5
c. Try to do your best work in school	1	2	3	4	5

9. How pressured do you feel by the schoolwork you have to do?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot

[NEW PAGE]

## Bullying

[Ask ALL Q10-Q12]

The next few questions relate to bullying you may have experienced at your school. If you don't want to answer, you can SKIP these questions and go to the next page.

Bullying is when an individual or a group of people with more power, repeatedly and intentionally cause hurt or harm to another person or group of people who feel helpless to respond.

These questions might make you feel uncomfortable, but it is important information.

Please select Yes or No for the statement below.

10. I have been bullied at my school **this term**

- 1 Yes
- 2 No

There are different ways that a person can be bullied.

11. Please read through the following list and select Yes or No for each statement. Please think about **this term** at school when answering.

	Yes	No
a. I have often been teased in an unpleasant way or called names at my school	1	2

	Yes	No
b. Other students often leave me out of things on purpose or spread rumours about me at school	1	2
c. I have been hit, kicked, hurt or threatened on purpose by another student	1	2
d. I have often been picked on by another student from my school while online or on social media (Facebook, Snapchat, email, etc.)	1	2

Cyberbullying is when someone repeatedly makes fun of another person online, or repeatedly picks on another person through email or text message, or when someone posts something inappropriate online about another person that they don't like.

12. In the last 30 days, how often have you experienced each of the following?

	Never	Once or twice	A few times	Many times	Every day
a. I have received an email from someone I know that made me really mad	1	2	3	4	5
b. I have received an email from someone I didn't know that made me really mad (This does not include "spam" mail)	1	2	3	4	5
c. Someone posted something on my online social networking page (i.e. Facebook, Twitter, Instagram) that made me upset or uncomfortable	1	2	3	4	5
d. Someone posted something on another web page that made me upset or uncomfortable	1	2	3	4	5
e. I received an instant message that made me upset or uncomfortable	1	2	3	4	5
f. I have been bullied or picked on by another person while online	1	2	3	4	5
g. I have been afraid to go on the computer because of bullying	1	2	3	4	5
h. Someone posted something about me online that I didn't want others to see	1	2	3	4	5

If any of these questions made you upset or uncomfortable, please speak with your **school teacher or school chaplain or your parent.**

[NEW PAGE]

The questions so far have asked about your teachers, how you feel about your school, and how you think you are doing at this school.

The next few questions ask about your life in general, including the time you spend at school, but also time you spend at home and other places outside school.

When responding to these questions, think about your life overall.

## Health and wellbeing

[Ask ALL Q13-Q0]

13. In general (usually), how would you describe your health?

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent

14. In the last 6 months, how often have you had each of the following?

	Rarely or never	About every month	About every week	More than once a week	About every day
a. Headache	1	2	3	4	5
b. Stomach ache	1	2	3	4	5
c. Backache	1	2	3	4	5
d. Feeling low (sad)	1	2	3	4	5
e. Irritability or bad temper	1	2	3	4	5
f. Feeling nervous	1	2	3	4	5
g. Difficulty getting to sleep	1	2	3	4	5
h. Feeling dizzy	1	2	3	4	5

15. Please read each of the following statements, thinking about how it relates to your life, then select how true it is for you.

	Very untrue	Untrue	A little untrue	Somewhat true	A little true	True	Very true
a. I feel like I am free to decide for myself how to live my life	1	2	3	4	5	6	7
b. People I know tell me I am good at what I do	1	2	3	4	5	6	7
c. I get along with people I come into contact with	1	2	3	4	5	6	7
d. I generally feel free to express my ideas and opinions	1	2	3	4	5	6	7

	Very untrue	Untrue	A little untrue	Somewhat true	A little true	True	Very true
e. I consider the people I regularly interact with to be my friends	1	2	3	4	5	6	7
f. People in my life care about me	1	2	3	4	5	6	7
g. Most days I feel a sense of accomplishment from what I do	1	2	3	4	5	6	7
h. I feel like I can pretty much be myself in my daily situations	1	2	3	4	5	6	7
i. I often do not feel very capable	1	2	3	4	5	6	7

The next few questions ask about things you have felt or experienced in the past 30 days. If you don't want to answer, you can SKIP these questions and go to the next page.

16. In the past 30 days:

	Not true	Sometimes true	True
a. I felt miserable or unhappy	1	2	3
b. I didn't enjoy anything at all	1	2	3
c. I felt so tired I just sat around and did nothing	1	2	3
d. I was very restless	1	2	3
e. I felt I was no good anymore	1	2	3
f. I cried a lot	1	2	3
g. I found it hard to think properly or concentrate	1	2	3
h. I hated myself	1	2	3
i. I was a bad person	1	2	3
j. I felt lonely	1	2	3
k. I thought nobody really loved me	1	2	3
l. I thought I could never be as good as other kids	1	2	3
m. I did everything wrong	1	2	3

If any of these questions made you upset or uncomfortable, please speak with your **school teacher or school chaplain or your parent.**

[NEW PAGE]

## Physical activity

[Ask ALL Q17-Q19]

We are now going to ask you about your physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing.

17. For this question, **add up** all the time you spent doing physical activity each day. Over the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**?
- 1 0 days
  - 2 1 day
  - 3 2 days
  - 4 3 days
  - 5 4 days
  - 6 5 days
  - 7 6 days
  - 8 7 days
18. Outside of school hours, **how often** do you usually exercise in your free time so much that you get out of breath or sweat?
- 1 Never
  - 2 Less than once a month
  - 3 Once a month
  - 4 Once a week
  - 5 2-3 times a week
  - 6 4-6 times a week
  - 7 Every day
19. Outside of school hours, **how many hours a week** do you usually exercise in your free time so much that you get out of breath or sweat?
- 1 None
  - 2 About half an hour
  - 3 About 1 hour
  - 4 About 2-3 hours
  - 5 About 4-6 hours
  - 6 About 7 hours or more



## Use of electronic devices

[Ask ALL Q20]

We are now going to ask about time spent watching TV, playing computer or video games and using a computer. This does not include time spent doing homework.

20. About how many hours a day do you usually do each of the following?

	None at all	Less than half an hour / day	About half an hour / day	About 1 hour / day	About 2 hours / day	About 3 hours / day	About 4 hours / day	About 5 hours / day	About 6 hours / day	About 7 hours / day or more
a. Watch television (including DVDs and videos, or downloaded shows or movies) in your free time on <b>weekdays</b>	1	2	3	4	5	6	7	8	9	10
b. Watch television (including DVDs and videos, or downloaded shows or movies) in your free time on the <b>weekend</b>	1	2	3	4	5	6	7	8	9	10
c. Play games on a computer, handheld device (e.g. a mobile phone or tablet), or games console (PlayStation, Xbox, etc.) in your free time on <b>weekdays</b>	1	2	3	4	5	6	7	8	9	10
d. Play games on a computer, handheld device (e.g. a mobile phone or tablet), or games console (PlayStation, Xbox, etc.) in your free time on the <b>weekend</b>	1	2	3	4	5	6	7	8	9	10
e. Use a computer or a handheld device (e.g. a mobile phone or tablet) for chatting online, internet, emailing, social media, etc. in your free time on <b>weekdays</b>	1	2	3	4	5	6	7	8	9	10
f. Use a computer or a handheld device (e.g. a mobile phone or tablet) for chatting online, internet, emailing, social media, etc. in your free time on the <b>weekend</b>	1	2	3	4	5	6	7	8	9	10

[NEW PAGE]

## Peers and family relationships

[Ask ALL Q21-Q22]

21. How often do you talk to your friend(s) on the phone, or send them text messages or have contact online?

- 1 Rarely or never
- 2 1 or 2 days a week
- 3 3 or 4 days a week
- 4 5 or 6 days a week
- 5 Every day

22. The next few questions are about how you get along with others and manage your feelings. How are you at each of the following?

	Very bad at this	Bad at this	Good at this	Very good at this
a. Letting your friends know you like them by telling them or showing them	1	2	3	4
b. Introducing yourself to someone for the first time	1	2	3	4
c. Helping someone feel better when they are upset	1	2	3	4
d. Showing that you care when someone talks about their problems	1	2	3	4
e. Letting someone really get to know you	1	2	3	4
f. Staying friends with people	1	2	3	4

23. [If Year Level = 7 to 12] How much do you agree or disagree with the following statement?

I have an adult(s) that I trust and would turn to for advice if I was having problems

- 1 Very strongly disagree
- 2 Strongly disagree
- 3 Disagree
- 4 Neither agree nor disagree
- 5 Agree
- 6 Strongly agree
- 7 Very strongly agree

24. [Ask ALL] How easy is it for you to talk to the following persons about things that really bother you?

	Very difficult	Difficult	Easy	Very easy	Don't have or see this person
a. Father	1	2	3	4	5
b. Mother	1	2	3	4	5
c. Stepfather or other father	1	2	3	4	5

	Very difficult	Difficult	Easy	Very easy	Don't have or see this person
d. Stepmother or other mother	1	2	3	4	5
e. Elder brother(s)	1	2	3	4	5
f. Elder sister(s)	1	2	3	4	5
g. Best friend	1	2	3	4	5

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## Experience of COVID-19 (coronavirus)

25. [Ask ALL] In the past 2 weeks, how often have you felt each of the following when you think about COVID-19?

	Never	Sometimes	Often
a. Nervous	1	2	3
b. Calm and relaxed	1	2	3
c. Worried about my health	1	2	3
d. Worried about the health of my family members	1	2	3
e. Stressed about leaving my house	1	2	3
f. Lonely, and missed seeing my friends	1	2	3

26. [If Year Level = 4 to 6] Overall, how much has COVID-19 affected your life in a **good** way?  
 [If Year Level = 7 to 12] Overall, how much has COVID-19, and the resulting changes to daily life, affected your life in a **positive** way?

- 1 Not at all
- 2 A little
- 3 Somewhat
- 4 A lot
- 5 A great deal

27. [If Year Level = 7 to 12] What have been the most **positive** outcomes for you? [Please select up to 3 options]

- 1 Reduced amount of schoolwork or no schoolwork
- 2 Less stress / pressure from school and activities
- 3 More time to relax
- 4 Getting to do things I don't usually have time for (e.g. art, music, writing, cooking)
- 5 Getting more recreational time on the phone / computer (e.g. texting, social media)
- 6 Getting to watch more TV / movies
- 7 More time to exercise or go outside
- 8 Getting more sleep
- 9 Spending more time with family
- 10 Spending more time with my pet(s)
- 11 Not having to deal with other people at school / work

- 12 Feeling like I have more control in creating my own schedule
- 13 Other *[Please specify]* \_\_\_\_\_
28. *[If Year Level = 4 to 6]* Overall, how much has COVID-19 affected your life in a **bad** way?  
*[If Year Level = 7 to 12]* Overall, how much has COVID-19, and the resulting changes to daily life, affected your life in a **negative** way?
- 1 Not at all
- 2 A little
- 3 Somewhat
- 4 A lot
- 5 A great deal
29. *[If Year Level = 7 to 12]* What have been the most **negative** outcomes for you? *[Please select up to 3 options]*
- 1 Worrying about someone who has or has had the virus
- 2 Having to stay at home
- 3 Not seeing friends or family in person
- 4 Thinking about how many people are dying because of the virus
- 5 Feeling scared about the future
- 6 Not going to school
- 7 Spending more time with family
- 8 Increased stress or pressure from schoolwork
- 9 Increased stress or disorientation from not having a schedule
- 10 Not having access to things I need (i.e. food, products)
- 11 Other *[Please specify]* \_\_\_\_\_

That's the end of the survey! Once you press the 'Finished' button, your survey will be **closed** and you **will not** be able to get back in to change your answers.

If you are happy with your answers, please press the 'Finished!' button and let your teacher know you are done.

*[If Year Level = 4 to 6]* Thank you for answering all the questions. Your answers are important to your school.

*[If Year Level = 7 to 12]* Thanks for participating. Your feedback is important to your school.

**FINISHED!**

*[Message to display once submitted]*

Thank you for participating in this survey. You should now close this window.