Staff Surveys

of Regulatory Resources and Anchors

In this survey, we want to address sensory practices that can create a sense of calm and safety within your nervous system. For a better sense of how this might work, ask yourself:

• What would happen if I checked in with my nervous system to decipher what I need or what feels calming?

• What if I began the school year with integrated, periodic checkins with staff and students using these surveys of regulatory resources that anchored felt safety?

The following survey questions are intended as a resource for staff to identify the experiences that can bring them a sense of grounded calm for those few seconds or minutes when they may not have the luxury of time for going deeper. Being able to sit beside each other sharing ideas for practices and providing feedback is a significant foundation for our collective well-being.

**TEACHER SURVEY**

When I am feeling dysregulated and there has been a disruption, what regulatory resources

and anchors do I need?

1. I need time and space.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I need to talk to someone I trust.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I need to take deep breaths.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I need to move my body.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. I need music, soothing sounds, calming rhythms.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. I need to write out my thoughts.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. I need to express myself through a form of art.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. I need rhythm (pacing, cooking, walking, rocking, driving in a car, knitting, building, crafting, drumming).

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. I need warmth (hold something warm, wrap up, etc.).

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. I need coldness (chewing on ice, ice pack, cold water).

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. I need to chew or crunch on something.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. I need to talk to myself out loud.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. I need to vocalize (singing, humming, sighing, yawning).

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. I need a prayer or a spiritual affirmation.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. I need my own space with a personal ritual (being with animals, your favorite mug, your favorite place to sit, your favorite view).

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. I need pressure or touch (self-hug, friend-hug, ear/head/hand massage).

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. I need softness (an object or condition that feels warm, pliable, and soothing).

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. I need to be outdoors.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. I need to cry.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. I need to laugh.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. I need this regulatory sensory practice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Yes No Other: (optional explanation)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Survey for Safety and Connection**

1. This school/organization emphasizes adult emotional, mental, and physiological well-being.

Yes No Not Sure Explain if you feel comfortable.

2. Do you feel that you get enough sleep most nights?

Yes No Not Sure Explain if you feel comfortable.

3. Are you getting some exercise each day or a few times a week?

Yes No Not Sure Explain if you feel comfortable.

4. Do you feel you drink plenty of water each day (4-6 glasses)?

Yes No Not Sure Explain if you feel comfortable.

5. Do you spend time outdoors?

Yes No Not Sure Explain if you feel comfortable.

6. This school/organization supports connection and feels safe to me, my colleagues, and students.

Yes No Not Sure Explain if you feel comfortable.

7. This school/organization intentionally connects each young person to an adult who serves as a source of support.

Yes No Not Sure Explain if you feel comfortable.

8. Most of the time, the adults in this school/organization seem relaxed yet alert.

Yes No Not Sure Explain if you feel comfortable.

9. Most of the time, this school’s/organization’s staff works together supporting one another even if we have differences.

Yes No Not Sure Explain if you feel comfortable.

10. This school/organization is focusing on relationships with students through co-regulation and de-escalation practices.

Yes No Not Sure Explain if you feel comfortable.

11. This school/organization intentionally avoids the use of coercion to motivate and discipline students.

Yes No Not Sure Explain if you feel comfortable.

12. Are you using strategies this year to help keep your emotions calm?

Yes No Not Sure Explain if you feel comfortable.

13. Do you feel that you resolve conflicts peacefully?

Yes No Not Sure Explain if you feel comfortable.

14. Do you feel that the staff members in your school/organization know how to resolve conflicts peacefully?

Yes No Not Sure Explain if you feel comfortable.

15. Do you feel that you stand up for yourself when you need to?

Yes No Not Sure Explain if you feel comfortable.

16. This school/organization intentionally prepares staff to avoid humiliation, shaming, sarcasm, ridicule, or other forms of attack with regard to students’ personalities, race, ethnicity, achievements, or behaviors.

Yes No Not Sure Explain if you feel comfortable.

17. Throughout the year, this school/organization intentionally gathers perceptual data about its programs and services from all staff and students.

Yes No Not Sure Explain if you feel comfortable.

18. Do some or all of these interfere with your teaching and how you feel each day?

\_\_\_ anger toward students or colleagues \_\_\_ students fighting

\_\_\_ student drug/alcohol/vaping issues \_\_\_ worries about my family

\_\_\_ sadness about the loss of a family member or friend

\_\_\_ resistance from colleagues \_\_\_ stress

\_\_\_ feeling sad most of the time \_\_\_ my ability to get along with colleagues

\_\_\_ meeting my personal and professional needs

\_\_\_ reluctance about coming to school \_\_\_ fear of making mistakes

\_\_\_ fear of being emotionally hurt \_\_\_ fear of being physically hurt

19. What are two or three things or conditions you feel would help you feel successful in your school/organization?

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20. What are two or three changes you would like to see in your school/organization?

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21. What is something that you wish your colleagues and students knew or understood about you?

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