**STUDENT SURVEY**

Predictability feels safe to the developing nervous system. The following questions identify safe, comforting practices for students to use before there is an eruption, conflict, or dysregulation. These questions serve as a resource for students to identify the experiences that bring about a sense of grounded calm for a few seconds or minutes when they feel growing agitation, worry, or anxiety that threatens to overwhelm them. Being able to sit beside each other sharing ideas for practices and providing feedback is a significant foundation for our collective well-being. When we equip our students with the tools that they can access when needed, we help them develop the agency and autonomy that contributes to social and emotional well-being.

1. I need time and space.

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

2. I need to talk to a teacher, friend, or 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 (my favorite activity, sports, running, jumping jacks, stretching, etc.).

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, walking, rocking, 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 something special to me (being with animals, your favorite toy, your favorite smell, your favorite view).

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

16. I need to sit in a place that calms me (in my classroom or school).

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

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

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

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

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

19. I need to be outdoors.

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

20. I need to cry.

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

21. I need to laugh.

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

**Student Survey for Safety and Connection**

1. Do you feel you get enough sleep most nights?

Yes No Not Sure *Explain if you feel comfortable*

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

Yes No Not Sure *Explain if you feel comfortable*

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

Yes No Not Sure *Explain if you feel comfortable*

4. Do you spend time outdoors?

Yes No Not Sure *Explain if you feel comfortable*

5. This year, have you created relationships with adults that you trust?

Yes No Not Sure *Explain if you feel comfortable*

6. This year, have you created good relationships with other students?

Yes No Not Sure *Explain if you feel comfortable*

7. This school is a safe and secure place.

Yes No Not Sure *Explain if you feel comfortable*

8. Do you feel connected to a few of the teachers in the building?

Yes No Not Sure *Explain if you feel comfortable*

9. Do you feel that everyone is treated with respect, even though we all make mistakes and have off days?

Yes No Not Sure *Explain if you feel comfortable*

10. Do you feel that everyone in the classroom seems relaxed and that your class is learning?

Yes No Not Sure *Explain if you feel comfortable*

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

Yes No Not Sure *Explain if you feel comfortable*

12. Do you have someone in your family that you can go to when you are upset?

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 adults in the school 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. Do you know how to care for yourself when people are picking on you?

Yes No Not Sure *Explain if you feel comfortable*

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

\_\_\_ anger \_\_\_ fighting

\_\_\_ worries about my family/parents \_\_\_ drugs/alcohol/vaping

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

\_\_\_ not getting along with others \_\_\_ stress

\_\_\_ feeling sad most of the time \_\_\_ not having enough to eat

\_\_\_ my ability to get along with my teachers \_\_\_ fear of coming to school

\_\_\_ fear of making mistakes \_\_\_ fear of being emotionally hurt

\_\_\_ fear of being physically hurt

18. Do your teacher and the other adults at school make sure that you feel successful, and do they help you when you are not succeeding?

Yes No Not Sure *Explain if you feel comfortable*

19. Do teachers emphasize students’ strengths and pay attention to their interests? Do they want to know what you like and what you are good at?

Yes No Not Sure *Explain if you feel comfortable*

20. Do your teachers and other adults in the building pay attention to your feelings and make sure that you feel safe and connected to others at school?

Yes No Not Sure *Explain if you feel comfortable*

21. Do you feel that learning about your brain and nervous system has been or would be helpful?

Yes No Not Sure *Explain if you feel comfortable*

22. What are two or three things that you feel would help you feel successful at school?

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23. What are two or three changes that you would like to see in your school?

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24. What is something that you wish your teachers knew or understood about you?

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