

**Survey for Educator Well-Being  
During the Viruses of Racism and the Pandemic**

*Brains in Pain cannot learn...*

*Brains in Pain cannot lead or teach well...*

*What is shareable is bearable...*

**We want to know how you are, what you have experienced and what you need from your school, administration, and district when school resumes. This has been a challenging time for everyone, and we want to create a transition that feels comfortable and doable based on our staff's needs, challenges, and levels of comfort. Please fill this out to the best of your ability and feel free to add any additional notes or suggestions following the questions.**

**1. My relationships and connections with others during this time have been/ or are present and healthy even with physical distancing.**

Not at all

Somewhat

Supported and present

A Choice to

**Explain** \_\_\_\_\_

**2. Have I felt/ or am I feeling physiologically safe in this time?**

Not at all

Somewhat

Safe and Healthy

A Choice to

**Explain** \_\_\_\_\_

**3. Have I felt/ or am I feeling emotionally safe in this time?**

Not at all

Somewhat

Safe and Healthy

A Choice to

Explain \_\_\_\_\_

**4. Do I have the physiological needs, like sleep, food, and housing security, I require?**

Not at all

Somewhat

Yes, physiological needs have been met

A Choice to

Explain \_\_\_\_\_

**5. Do I have the emotional / mental supports I require?**

Not at all

Somewhat

Yes, emotional/ mental needs and supports have been met

A Choice to

Explain \_\_\_\_\_

**6. Do I have the material resources I require (groceries, medicines, adequate space, access to transportation, or any day to day conveniences)**

Not at all

Somewhat

Yes, material needs and supports have been met

A Choice to

Explain \_\_\_\_\_

**7. Am I confidently able to share the resources (emotional, material, and social) I need to support my return to the classroom and school?**

Not at all

Somewhat

Yes, I feel I am able to share the resources I need to support my return to the classroom and school.

A Choice to

Explain \_\_\_\_\_

**8. Have I experienced the loss of someone I know and/or loved during the time of these viruses?**

Yes

No

I would like to talk to someone about this grief and experience

A Choice to

Explain \_\_\_\_\_

**9. How significant are my concerns about the up close and personal racism and pandemic socially, emotionally, and physiologically when school returns?**

Not at all

Somewhat

Yes, significant

I would like to speak to a school administrator/ school therapist/ or colleague about these concerns

A Choice to

Explain \_\_\_\_\_

**10. Have I been able to care for myself/ or will I be able to care for myself in ways that will contribute to my overall well-being?**

**Not at all**

**Somewhat**

**Yes, I have been able to care for myself in ways that attend to my physical and emotional well-being.**

**A Choice to**

**Explain** \_\_\_\_\_

**11. What are two or three of the most significant challenges/ worries you have faced or will face when school resumes?**

**12. What have been your greatest strengths during this challenging time?**

**13. How have these viruses personally affected you and/or your family in this time?**

**14. How have these viruses professionally affected you or your family in this time?**

**15. What are two or three immediate and/or long-term changes you would like to see in place or discussed as we transition back to schools in this next academic year?**

**16. Is there anything you need for your staff and administration to know that was not shared on this survey?**



**THANK YOU SO MUCH!**

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