

For SC: Please provide HO# _____

San Francisco Unified School District
MENTORING FOR SUCCESS PROGRAM
4th and 5th GRADE STUDENT POSTTEST - SURVEY

*Thank you for completing this survey. Your answers help us to improve our work.
Please answer the questions as honestly as you can.*

Student First Name: _____ Student Last Name: _____ Grade Level: _____

School Name: _____ Today's Date (mo/day/year): ____ / ____ / ____

1. Are you female or male? Female Male

2. Do the teachers and grown-ups at school care about you?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

3. Do the teachers and grown-ups at school tell you when you do a good job?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

4. Do the teachers and grown-ups at school listen when you have something to say?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

5. Do the teachers and grown-ups at school believe that you can do a good job?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

6. Do you help make class rules or choose things to do at school?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

7. Do you feel close to people at school?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

8. Are you happy to be at this school?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

9. Do you feel like you are part of this school?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

10. Do teachers treat students fairly at school?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

11. Do you do things to be helpful at school?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

12. Do you feel safe at school?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

13. How well do you do your schoolwork?

- A) I'm one of the best students.
- B) I do better than most students.
- C) I do about the same as others.
- D) I don't do as well as most others.

14. Do you plan to go to college or some other school after high school?

- A) No
- B) Yes

15. Do you like to meet with your mentor?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

16. Is time spent with your mentor meaningful?

- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

17. Over the past school year my mentor and I have done the following (Please mark all that apply):

- Worked on homework**
- Visited the library**
- Played games**
- Played sports**
- Read books**
- Volunteered to do community work**
- Eaten a meal together**
- Art projects**
- Others (Please list all)**

18. Please write anything else you want to share about time spent with your mentor.

Thank you!