

**SITE COORDINATOR: Please provide HO#** \_\_\_\_\_

**San Francisco Unified School District  
MENTORING FOR SUCCESS PROGRAM  
4<sup>th</sup> and 5<sup>th</sup> GRADE STUDENT PRETEST - 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: (circle one) 4<sup>th</sup> 5<sup>th</sup> School:** \_\_\_\_\_ **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?**

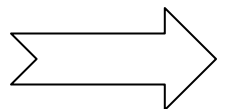
- A) No, never
- B) Yes, some of the time.
- C) Yes, most of the time.
- D) Yes, all of the time.

**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. Please mark some things you look forward to doing with your mentor.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Work on homework  | <input type="checkbox"/> Read books                     | <input type="checkbox"/> Art projects             |
| <input type="checkbox"/> Visit the library | <input type="checkbox"/> Volunteer to do community work | <input type="checkbox"/> Others (Please list all) |
| <input type="checkbox"/> Play games        | <input type="checkbox"/> Eat a meal together            |   |
| <input type="checkbox"/> Play sports       |   |   |

**Thank you 😊**