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!