

Child Resilience Survey Grades K-2

Culture of Care

Teacher reads aloud to students: "I am going to read some questions to you. These questions are about positive things that help people overcome stress and challenges. There are no right or wrong answers. After I read each question, circle the response that feels right for you. You can circle "no," "sometimes," or "yes" for each question. If you do not feel comfortable answering a question you can skip it. Do you have any questions? [pause and respond] Okay, let's get started!"

Questions	Answers		
1. Do you have people you want to be like?	No	Sometimes	Yes
2. Is doing well in school important to you?	No	Sometimes	Yes
3. Do you feel that your parent(s)/caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?	No	Sometimes	Yes
4. Do you try to finish activities that you start?	No	Sometimes	Yes
5. When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting others or saying nasty things)?	No	Sometimes	Yes
6. Do you know where to go to get help?	No	Sometimes	Yes
7. Do you feel you fit in with other children?	No	Sometimes	Yes
8. Do you think your family cares about you when times are hard (for example, if you are sick or have done something wrong)?	No	Sometimes	Yes
9. Do you think your friends care about you when times are hard (for example if you are sick or have done something wrong)?	No	Sometimes	Yes
10. Are you treated fairly?	No	Sometimes	Yes
11. Do you have chances to show others that you are growing up and can do things by yourself?	No	Sometimes	Yes
12. Do you like the way your family celebrates things (like holidays or learning about your culture)?	No	Sometimes	Yes

13. How many adults are in your life that truly care about you?
(these might be people like family, coaches, mentors, neighbors, others) Circle one:

None right now 1 2 3 4 or more

14. Do you sleep at the same place most nights?
Circle one:

Yes No Prefer Not to Answer

Student Information:

First and Last Name:

SIS #:

District:

School Name:

Grade: