



# Etiwanda School District

## 2020 - 2021 Student LCAP Survey

### Grade 6 - 8

### How are we doing?

The Etiwanda School District values student opinions, and it is committed to engaging students in developing goals and actions related to the *Local Control Accountability Plan (LCAP)*. This survey will help us gather important information about our schools and student achievement. To complete the survey, please follow the directions below.

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### Background

What grade level are you in?

- Grade 6
- Grade 7
- Grade 8

Which school do you attend?

- Day Creek Intermediate
- EASE Home School
- Etiwanda Community Day
- Etiwanda Intermediate
- Heritage Intermediate
- Summit Intermediate

*Based on your experience during the 2020 - 2021 school year, please indicate your level of agreement with the following statements:*

### Goal 1: Conditions of Learning

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. My school has access to and utilizes up-to-date technology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. At my school, students receive the resources (textbooks, supplies, equipment) they need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My school provides a well-rounded curriculum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My school focuses on students' character.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Goal 1: Conditions of Learning *Continued*

5. On average, how many times do you visit the school library either in-person or virtually each month? (Circle one.)

1            2            3            4            5+

## Goal 2: Pupil Outcomes

Strongly Agree    Agree    Disagree    Strongly Disagree

1. My school wants students to succeed.

                                  

2. My school sets high expectations for student achievement.

                                  

3. The difficulty level of the work assigned is just right for me.  
If disagree, please respond to 3a.

                                  

\*3a. How could the difficulty level of work be adjusted to make it right for you?

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4. The amount of work assigned is appropriate.  
If disagree, please respond to 4a.

                                  

\*4a. How could the amount of work be adjusted to make it right for you?

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5. My teachers understand my academic needs.  
If disagree, please respond to 5a.

                                  

\*5a. What would you like your teachers to know about your academic needs.

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6. My teachers help me when I don't understand something.

                                  

7. At my school, students receive the academic support they need to reach grade level standards.

                                  

8. I want to do well in school.

                                  

9. I am willing to work hard so that I can do well in school.

                                  

\*Please respond to these items if Disagree or Strongly Disagree was indicated for the previous item.

## Goal 3: Engagement

Strongly Agree    Agree    Disagree    Strongly Disagree

- |  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. My teachers make class interesting.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My teachers encourage students on a regular basis.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. My teachers promote cooperative learning and collaboration in whole group and/or breakout sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. My teachers respond to my questions in a timely manner.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. My teachers value my background and culture.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. At my school, counseling services are available.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I feel most interested in class when my teachers ...  | <hr/>                 |                       |                       |                       |

## Other

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I would recommend this school to my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|-----------------------|-----------------------|

## Demographics

Are you Hispanic or Latino?

- Yes
- No
- Prefer not to respond

Which of the following describe your race/ethnicity?

*Please select all that apply.*

- |  |   |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Other Asian                               |
| <input type="radio"/> Chinese                          | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> Japanese                         | <input type="radio"/> White                                     |
| <input type="radio"/> Korean                           | <input type="radio"/> Prefer not to respond                     |
| <input type="radio"/> Black or African American        |   |

**Thank You!**

Thank you for completing this survey. We appreciate your feedback!