



# Student Perception Survey

Date: \_\_\_\_\_

1. Circle your grade.

Kindergarten

Grade 1

Grade 2

	No	A Little	Yes
2. I like my school.			
3. My teacher thinks I do good work.			
4. Other students think I do good work.			
5. My principal thinks I do good work.			
6. My teachers work together as a team.			
7. I learn a lot in my classes.			
8. My teacher believes that all students can do good work.			
9. My teacher helps all students learn in my class.			
10. All students have a chance to learn at my school.			

11. What I need from my teachers to help me learn is...

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