

LIFE REVIEW POST-SURVEY A

We need your help. We want to find out more about why some students do well in school and others do not. Your answers may help us design classes that are more interesting for everyone.

Please answer these questions honestly. Please do not put your full name anywhere on this survey.

In order to match your answers today with those you give us in the future, please help us create a code that describes only you. This survey will not be given to or shared with anyone at your school but will be mailed directly to Newark, Ohio, for inclusion in a national study of high school students. In reporting the results of this study only group data will be used.

INSTRUCTIONS FOR YOUR CODE NUMBER:

Please complete the following information:

1. I am participating in a school-related service-learning project that relates to a course I am taking:
Yes ___ No ___
2. First letter of your first name: _____
3. First four letters of your last name: _____
4. How old are you? _____
5. What grade are you in? _____
6. Are you male or female?
Male _____ Female _____
7. How many close friends do you have with whom you can talk about any topic?
_____ 0 _____ 3
_____ 1 _____ 4
_____ 2 _____ 5 or more

[Please go on to next page]

In answering the following questions place a "x" in the box that best describes you.

During an AVERAGE WEEK, how many hours do you spend...	no time at all	less than 1 hour	1-2 hours	3-5 hours	6-10 hours	11 or more hours
8. Doing homework?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Watching television, videos, or video games?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In clubs or organizations <i>outside of school</i> other than sports (like Scouts, YMCA/YWCA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In band, choir, orchestra, music lessons or practicing voice or an instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Playing sports on a team or individual sports program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In clubs or organizations at <i>school</i> other than sports (like drama, student council, or newspaper)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Attending worship services, youth groups, religious education, Sunday School, or other programs at a church, synagogue, or other religious institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Doing volunteer work not related to this class to help other people (like hospital, day care, food pantry, youth program, or community service agency)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Reflecting on Question 15, how many service or volunteer projects during the last three months have you participated in where you volunteered for a service project but were not given any time to talk or write about it? (Include projects through Scouts, your church/synagogue, or your school, but not any you may be involved in now).

_____ None _____ 1 _____ 2 _____ 3 _____ 4 or more projects

17. During an average week how many hours do you spend working at a paid job?

_____ No Time _____ 11-15 Hours
 _____ 1-5 Hours _____ 16-20 Hours
 _____ 6-10 Hours _____ 21-30 Hours

[Please go on to next page]

Since you started the 5th grade, how many times have you changed schools because you or your family moved?

Never Once Twice Three times Over three times

19. During the last FOUR WEEKS, how many days have you been tardy (late to school)?

None 11 to 15 days
 1 or 2 days 16 to 20 days
 3 or 4 days 21 or more days
 5 to 10 days

20. During the last FOUR WEEKS, how many days of school have you missed because you skipped or "cut"?

None 2 days 4-5 days 11 days or more
 1 day 3 days 6-10 days

21. During the last THREE MONTHS OF SCHOOL, how many times have you been sent to the principal or other school official's office because you had done something wrong?

Never Once Twice 3-4 times 5 or more times

22. During the last THREE MONTHS OF SCHOOL, how many times have you been placed on school probation or suspended from school?

Never Once Twice 3-4 times 5 or more times

23. What kind of grades do you usually get in school?

mostly A's or an average of 90-100
 mostly A's and B's or an average of 85-89
 mostly B's or an average of 80-84
 mostly B's and C's or an average of 75-79
 mostly C's or an average of 70-74
 mostly C's and D's or an average of 65-69
 mostly D's or an average of 60-64
 mostly below D's or below 60

24. Have any of your close friends dropped out of high school?

None Yes, several of them
 Yes, 1 of them Yes, many of them

25. Do you expect to graduate from high school?

Yes Probably Not
 Probably No

26. When you were younger were you retained in grade (held back):

A) During elementary school

Never Once Twice 3 or more times

B) During middle school

Never Once Twice 3 or more times

C) During high school

Never Once Twice 3 or more times

[Please go on to next page]

Circle either True or False for each statement below.

During the last THREE MONTHS I have...

27. Had an alcoholic drink (beer, wine, or mixed drink) 2 or more times (don't include wine in religious services).	True	False
28. Had 5 or more alcoholic drinks (beer, wine, or mixed drinks in a row).	True	False
29. Tried/used marijuana or another illegal drug.	True	False
30. Damaged property just for fun (breaking windows, scratching a car, writing on walls).	True	False
31. Stolen something from a store or person.	True	False
32. Gotten into a serious fight.	True	False
33. Smoked one or more cigarettes per day.	True	False
34. Tried/used steroids or diet pills.	True	False
35. Felt sad or depressed most of the time.	True	False
36. Have seriously contemplated suicide one or more times.	True	False
37. Used a knife, gun, or other weapon 2 or more times "to get something from another person."	True	False

38. Do you plan to go to college at some time in the future?

Yes, right after high school.

Yes, after staying out 1 year.

Yes, after a longer period out of school.

Don't know.

No.

39. Most of the time I live with:

___ one of my parents.

___ both of my birth parents.

___ one of my birth parents and one stepparent.

___ none of the above.

[Please go on to next page]

40. At what age do you expect to:

Read down this column and check off a box to the right.	a. Don't expect to do this	b. Have already done this	c. When I'm 18 or less	d. When I'm 19	e. When I'm 20	f. When I'm 21 to 24	g. When I'm 25 or older
A) Get Married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Have first Child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Finish your full-time Education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The final questions are about your plans for the next five years. Check the box which best describes how likely you think it is that you will do each of the following in the next five years.

- 1 = Not at all likely
- 2 = Not very likely
- 3 = Somewhat likely
- 4 = Pretty likely
- 5 = Very likely

<i>In the next five years, how likely is it that...</i>	1	2	3	4	5
41. you will be actively involved in political issues or social causes that affect your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. you will volunteer your time to help others who are having problems or are in need (such as food or clothing drives or working in a shelter)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. you will spend some of your time working on projects aimed at preserving and protecting the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. you will volunteer to do something like tutoring kids, visiting the elderly, being a mentor, or coaching a team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. you will find personal and intellectual satisfaction in volunteering your time to help others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your time!