**DO2GET Program**

**Students Questionnaire**

Dear Student,

We are excited to invite you to participate in a special questionnaire designed just for you! Your thoughts and feelings matter, and we want to hear all about your experiences, namely with the DO2GET program, in your school. This questionnaire is divided into XXX important sections, each exploring a unique aspect of your journey as a student. Your honest and thoughtful responses will help us understand how we can improve the DO2GET program and make your learning experience even better. Thank you for you participation!

The DO2GET Project team

**Who am I**

Gender: [ ] Male [ ] Female [ ] Prefer not to say

Grade Level: [ ] Elementary School [ ] Middle School

Age: \_\_\_\_\_\_\_

How long have you been attending this school? \_\_\_\_\_\_\_ years

Code number: \_\_\_\_\_\_\_

**Section 1: My involvement in school**

Please rate the following statements on a scale of 1 to 5, where 1 = strongly disagree, and 5 = strongly agree (Strongly Disagree / Disagree / Neutral / Agree / Strongly Agree)

1. I work hard at school.
2. It's important to me that I improve my skills this year.
3. I concentrate on my schoolwork.
4. I feel proud of my school.
5. I am a responsible student.
6. I am treated with as much respect as other students.
7. I complete my schoolwork regularly.
8. In my school I feel that I belong to a group of friends.
9. I take responsibility for working on my goals.
10. There's at least one adult in this school I can talk to if I have a problem.
11. I am good at staying focused on my goals.
12. I am comfortable asking my teacher(s) for help.
13. I know I will graduate from high school.
14. I have a plan for what I want to do after high school.
15. I am hopeful about my future.
16. I work well in a group or team.
17. I can resist doing something when I know I shouldn't do it.
18. It is easy for me to communicate my thoughts and ideas.
19. I can discuss a problem with a friend without making it worse.
20. I am a hard worker.
21. I finish whatever I begin.
22. I can do almost all the work in class.
23. I can learn the things taught in school.
24. What we do in school will help me succeed in life.
25. I try things even if I might fail.

**Section 2: How I deal with challenges at school**

Please rate the following statements on a scale of 1 to 5, where 1 = strongly disagree, and 5 = strongly agree.

1. **(R)** I believe I can overcome difficulties at school.
2. **(R)** I tend to stay calm when facing challenges.
3. **(R)** I feel supported by my teachers when I encounter academic difficulties.
4. **(R)** I am confident in my problem-solving abilities.
5. **(P)** I like to look for chances to learn new things and get better in school.
6. **(P)** I'm good at asking my teachers questions when I need help or don't understand something.
7. **(P)** When I have a big school project, I make a plan and use my time wisely to get it done.

**Section 3: My coping strategies**

*Please indicate how often you engage in the following coping strategies when facing challenges at school. (1…5)*

1. Talking to a friend or family member.
2. Seeking help from a teacher/counselor/mentor.
3. Taking breaks and practicing relaxation techniques.
4. Setting achievable goals and planning.

**Section 4: The influence of my mentor**

Please answer the following questions regarding your experience with your DO2GET mentor at school.

1. How present is your mentor in your school life? **(Mentor presence)** *(Not Present … Very Present)*
2. How would you rate the support and guidance provided by your mentor when you need help with school stuff and becoming better at things? **(Mentor support)** *(Very Poor … Excellent)*
3. Do you think your mentor has helped you feel more interested and do better in school activities and learning? **(Impact on engagement)** *(No, not at all … Yes, greatly)*
4. In your opinion, has your mentor helped you become more active and eager to learn in school? **(Impact on proactivity)** *(No, not at all … Yes, significantly)*
5. Has your mentor helped you become stronger when things are tough or don't go as planned? **(Impact on resilience)** *(No, not at all … Yes, greatly)*
6. Do you think your mentor has helped you do well in school? **(Impact on academic achievement)** *(Significantly Hindered … Significantly Improved)*
7. How important do you think having a mentor is for your overall success at school? **(Importance of mentor)** *(Not Important … Very Important)*
8. Is there something you want to say about your mentor and how he/she made your school experience better or different? **(General feedback)** *(Open Text Box)*

**Section 5: School Environment**

1. Do you feel safe at school?

(Yes / No / Not sure)

1. How well do teachers and staff address bullying and conflicts at school?

(Very Poor / Poor / Average / Good / Very Good)

**Additional Comments**

1. Please share any additional comments or experiences related to your experience with the DO2GET program.

*(Open Text Box)*

**Thank you for completing the DO2GET Questionnaire. Your responses will help us improve the program and better understand and support students in other schools.**