

Success 
Highways

Sample Only
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**Revving Up
Formative
Assessment**

Do not mark on the questionnaire.

REVIVING UP INSTRUCTIONS

- This is a voluntary questionnaire which is part of *Success Highways*.
- If you come across any items that you do not wish to answer you are free to skip them.
- There is no time limit to this questionnaire, and there are no right or wrong answers.
- Please do not write on the questionnaire. Use the answer sheet to record all of your answers.
- Use a #2 pencil to mark your answers on the answer sheet.
- Fill ovals completely with heavy marks, and erase clearly.

PROVIDING YOUR INFORMATION

- Please write your school name in the appropriate blanks.
- Your school professional will now provide you with instructions on how to fill out your School ID Number, Class Number, and Student Code.
- Please also include your Race/Ethnicity and Gender.

YOU ARE NOW READY TO BEGIN!

IMPORTANCE OF SCHOOL

This section asks about your beliefs about the importance of school and college. Mark the number on the answer sheet that best represents your present attitude or opinion. Remember, this is not a test, and there are no right or wrong answers.

The range of answers is:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/undecided
- 4 = Agree
- 5 = Strongly agree

EXAMPLE:

You would mark the number ⑤ on the answer sheet if you **strongly agree** with the statement . . .

It is important that I . . .

Get along with other students.

Please Answer All Items.

Using the scale above, please mark the number on the answer sheet that best shows **the degree to which you agree with each statement below:**

It is important that I . . .

1. Finish school.
2. Do well in school.
3. Go to college.
4. Do well in college.
5. Make sure my teachers know that I want to do well in school.
6. Find out about colleges.
7. Learn how to be successful in college.
8. Get good grades in school.
9. Learn how to be successful in school.
10. Get a college degree.

CONFIDENCE

This section asks for information about the **degree of confidence you have in completing a variety of activities associated with being a student at your school.** Mark the number on the answer sheet that best represents your present attitude or opinion. Remember, this is not a test, and there are no right or wrong answers. The range of answers is:

- 1 = Not confident at all
- 2 = Mostly not confident
- 3 = Somewhat confident
- 4 = Mostly confident
- 5 = Extremely confident

EXAMPLE:

You would mark the number ⑤ on the answer sheet if you are *extremely confident* in successfully . . .

Finding the school library.

Please Answer All Items.

Using the scale above, please mark the number on the answer sheet that best shows **the degree to which you feel confident in successfully . . .**

11. Making new friends at school.
12. Talking to teachers about homework.
13. Taking good notes in class.
14. Writing a paper for English class.
15. Joining a sports activity.
16. Understanding what you read in your schoolbooks.
17. Asking a question in class.
18. Joining an after-school club.
19. Correctly figuring out math problems.
20. Turning in your assignments on time.
21. Going to class every day.
22. Working on a group class project.
23. Getting along with classmates.
24. Doing well on your tests.
25. Using a computer to write a paper.
26. Using the library.
27. Using a computer to search the Web.
28. Participating in class discussions.
29. Keeping up to date on schoolwork.
30. Preparing for a test.
31. Relaxing during a test.
32. Studying with others for a test.

CONNECTIONS

This section asks about **your relationships with family, teachers, and friends.**

Mark the number on the answer sheet that best represents your present attitude or opinion. Remember, this is not a test, and there are no right or wrong answers.

The range of answers is:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Neutral/undecided
- 4 = Agree
- 5 = Strongly agree

EXAMPLE:

You would mark the number ④ on the answer sheet if you **agree** with the statement:
I can trust my family to support me.

Please Answer All Items.

Please indicate, by marking the number on the answer sheet that best represents **the degree to which you agree with the following statements.**

- 33. There is a family member whom I can talk to about important decisions in my life.
- 34. Members of my family recognize my abilities and skills.
- 35. There is **no one** in my family who shares my interests and concerns.
- 36. I am very close with at least one other member of my family.
- 37. There is **no one** in my family with whom I feel comfortable talking about my problems.
- 38. I can talk about school issues or concerns with a family member.
- 39. There are family members I can count on in an emergency.
- 40. Teachers here care about their students.
- 41. There is a teacher here I can go see to talk about academic problems.
- 42. Teachers here respect me.
- 43. Teachers here are interested in my success.
- 44. There is a teacher here I can talk to about a personal problem.
- 45. I have friends here at school.
- 46. There are friends I can talk to about important decisions.
- 47. There is a friend I can depend on for help.
- 48. I have **no** friends I can depend on.

STRESS

This section asks you about **the stresses in your life**. Mark the number on the answer sheet that best represents your present attitude or opinion. Remember, this is not a test, and there are no right or wrong answers.

The range of answers is:

- 1 = Almost never
- 2 = Not very often
- 3 = Somewhat often
- 4 = Very often
- 5 = Almost always

EXAMPLE:

You would mark the number ② on the answer sheet if you *not very often* experience:
Difficulty playing sports.

Please Answer All Items.

Please indicate the degree to which you have **experienced each of the following in the PAST MONTH:**

- 49. Difficulty trying to fulfill responsibilities at home and at school.
- 50. Difficulty trying to meet friends.
- 51. Difficulty taking tests.
- 52. Difficulty talking with teachers about schoolwork.
- 53. A fear of failing to meet family expectations.
- 54. Difficulty asking questions in class.
- 55. Difficulty living in the local community.
- 56. Difficulty understanding how to use the school library.
- 57. Difficulty handling relationships.
- 58. Difficulty handling your schoolwork load.
- 59. Difficulty with classmates treating you differently than they treat each other.
- 60. Difficulty writing papers for class.
- 61. Difficulty learning how to use computers.
- 62. Difficulty paying for school supplies.
- 63. Money difficulties due to owing money to others.
- 64. Difficulty paying for food.
- 65. Difficulty paying for recreation and entertainment.
- 66. Difficulty due to your family experiencing money problems.
- 67. Difficulty getting your homework done on time.
- 68. Difficulty because of feeling a need to perform well in school.
- 69. Difficulty from teachers.
- 70. Difficulty from classmates.

WELL-BEING

This section asks you about how often you have had any of these **health-related experiences** during the past week. Mark the number on the answer sheet that best represents your present attitude or opinion. Remember, this is not a test, and there are no right or wrong answers.

The range of answers is:

- 1 = Almost never
- 2 = Not very often
- 3 = Somewhat often
- 4 = Very often
- 5 = Almost always

EXAMPLE:

You would mark the number ③ on the answer sheet if during the last week you *somewhat often* experienced . . .
Feelings of joy.

Please Answer All Items.

Please indicate the **degree to which you have experienced each of these during the PAST WEEK:**

How often have you experienced . . .

- 71. Being tired but unable to sleep.
- 72. Mood swings.
- 73. Feelings of danger.
- 74. Feeling depressed.
- 75. Feelings of self-doubt.
- 76. Nightmares.
- 77. Snacking more than usual.
- 78. Feeling hopeless.
- 79. Sleeping less than usual at night.
- 80. Getting sick a lot.
- 81. Overeating.
- 82. Breaking things when angry.
- 83. Headaches.
- 84. Increased heartbeat.
- 85. Fighting with friends.
- 86. Feeling "cranky."
- 87. Losing your temper.
- 88. Feeling "jumpy."
- 89. Not sleeping well.
- 90. An upset stomach.
- 91. Inability to sleep.
- 92. Increased appetite.
- 93. Becoming easily upset.

MOTIVATION

This section asks about **your reasons for going to school**. Different people have different reasons for going to school; we just want to know how much you agree or disagree with each reason given below. Mark the number on the answer sheet that best represents your present attitude or opinion. Remember, this is not a test, and there are no right or wrong answers.

The range of answers is:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Unsure/undecided
- 4 = Agree
- 5 = Strongly agree

EXAMPLE:

You would mark the number ① on the answer sheet if you **strongly disagree** that the reason you come to school is . . .

Because I like the school lunches.

Please Answer All Items.

The reason I keep coming to school is . . .

- 94. Because I really enjoy school.
- 95. Because, if I didn't, I'd feel guilty.
- 96. So I can make lots and lots of money.
- 97. Because education is important for the goals I have.
- 98. So important people in my life won't be disappointed in me.
- 99. Because it's fun.
- 100. Because I have to; it's required.
- 101. Because I don't want to let others down.
- 102. Because skills like reading, math, and science are important to me.
- 103. Because if I don't, I'll get punished.
- 104. Because failing to get my diploma would bother and disappoint me.
- 105. Because there are **a lot** of interesting things to do.
- 106. Because I see the **importance** of learning.
- 107. Because, to me, education is important.
- 108. I wouldn't be here if I really had a choice about it.