

Alignment of AWSP Leadership Framework and the 2022 COVID-19 Student Survey

The [2022 COVID-19 Student Survey \(CSS\)](#) was created to help capture student's, thoughts, feelings and behaviors pertaining to their academic and personal lives during the COVID-19 pandemic. The survey is voluntary, anonymous, and free for schools to participate in. It is to be conducted completely online, and students can take it in a school building or from home if they are participating in remote learning. The survey will be administered February 1st to 28th.

This document takes the eight (8) defined areas in the [AWSP Leadership Framework](#) and aligns them with questions that were asked on the COVID-19 Student Survey. Some questions may fall under more than one category.

Creating a Culture

- Think back over **this** school year so far. How often did you:
 - **Enjoy** school?
 - Try to do your very best work in school?
 - Feel the schoolwork you were assigned was meaningful and important?
 - Think that your classes were interesting to you?
 - Get praised by your teachers?

- In the past school year, how often have you felt a sense of belonging at your school?
- In the past school year, how often have you felt safe at school?
- In the past school year, how often have you felt supported by your friends or classmates?
- Please select reasons why you have been absent from school in the past 30 days (select all that apply):
- Are there adults you can turn to for help or support if needed?
- Thinking about this school year, how often have one or more of your **friends or classmates** done the following:
 - Checked-in to see how you were doing
 - Let you know that they are available if you need any help.
 - Expressed interest in your wellbeing.
- Thinking about this school year, how often have one or more of your **teachers or adults at school** done the following:
 - Checked-in to see how you were doing
 - Let you know that they are available if you need any help.
 - Expressed interest in your wellbeing.



Ensuring School Safety

- In the past school year, how often have you felt safe at school?
- Please rate how often you have followed these guidelines in the last 30 days.
 - Washing your hands or using hand sanitizer between activities
 - Wearing a mask when you are near people you don't live with
 - Staying home when you feel sick
- At School:
 - Would you tell your teacher or parent/guardian if you felt sick?
 - If you saw one of your peers doing something that wasn't safe with regard to COVID-19, would you talk with **them** about it?
 - If you saw one of your peers doing something that wasn't safe with regard to COVID-19, would you talk to an **adult or teacher** about it?

Planning with Data

- Does your teacher/school make it clear as to what it takes to get a certain grade?
- Please select reasons why you have been absent from school in the past 30 days (select all that apply):
- Thinking about **this** school year, how often have you had access to a computer or tablet AT HOME when you need one for school? (Include devices provided by your school)
- Thinking about **this** school year, when you have needed to use WiFi/internet for school, how often have you had access AT HOME?
- During the current school year, how much time do you spend on schoolwork outside of class time?
- How much do you feel you have learned across all of your classes **this school year**, compared to last school year?
- During the past 12 months, have you felt depressed or sad MOST days, even if you felt OK sometimes?
- During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- During the past 12 months, did you ever seriously consider attempting suicide?
- During the past 12 months, did you make a plan about how you would attempt suicide?
- During the past 12 months, did you actually attempt suicide?
- During the past 12 months, did you try to get mental health services from a counselor, therapist, emergency room, or other health care provider?
- How often do you feel...
 - Lonely
 - Upset
 - Scared

- Nervous
- Distressed
- Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?
- My stress level is manageable most days.
- Outside of school hours, there is a safe place or person I can go to if I need help.
- These items deal with ways you cope with the stress in your life. There are many ways to try to deal with problems. To what extent do you do what the item says?
 - I get emotional support from others.
 - I get help and advice from other people.
 - I express my feelings and let people know what I'm thinking about.
- Please indicate which of the following you do to help you deal or cope with stress in your life. (select all that apply)

Children's Hope Scale: (see the last page of the document for further information)

Please select the option that describes you:

- I can think of many ways to get the things in life that are most important to me
 - I am doing just as well as other kids my age
 - When I have a problem, I can come up with lots of ways to solve it
 - I think the things that I have done in the past will help me in the future
- Please select the option that describes you:
 - I am optimistic or hopeful about my future
 - Are there adults you can turn to for help or support if needed?
 - If you were to feel sad or hopeless, to whom would you most likely turn for help?
Choose all that apply
 - Thinking about this school year, how often have ***one or more of your friends or classmates*** done the following:
 - Checked-in to see how you were doing.
 - Let you know that they are available if you need any help.
 - Expressed interest in your wellbeing.
 - Thinking about this school year, how often have ***one or more of your teachers or adults at school*** done the following:
 - Checked-in to see how you were doing.
 - Let you know that they are available if you need any help.
 - Expressed interest in your wellbeing.
 - How much are you worried right now about the following things as a result of the COVID-19 pandemic?
 - Getting sick with COVID-19?
 - Your friends or family getting sick with COVID-19?

- Please rate how often you have followed these guidelines in the last 30 days.
 - Washing your hands or using hand sanitizer between activities
 - Wearing a mask when you are near people you don't live with
 - Staying home when you feel sick
- At School:
 - Would you tell your teacher or parent/guardian if you felt sick?
 - If you saw one of your peers doing something that wasn't safe with regard to COVID-19, would you talk with **them** about it?
 - If you saw one of your peers doing something that wasn't safe with regard to COVID-19, would you talk to an **adult or teacher** about it?
- During the past year did you:
 - Smoke cigarettes?
 - Use an electronic cigarette, also called e-cigs, JUUL, or vape pens?
 - Drink a glass, can, or bottle of alcohol?
 - Use marijuana or hashish?

Aligning Curriculum

***No questions on this survey were asked about "aligning curriculum"

Improving Instruction

- Think back over this school year so far. How often did you:
 - **Enjoy** school?
 - Try to do your very best work in school?
 - Feel the schoolwork you were assigned was meaningful and important?
 - Think that your classes were interesting to you?
 - Get praised by your teachers?
- Does your teacher/school make it clear as to what it takes to get a certain grade?
- During the current school year, how much time do you spend on schoolwork outside of class time?

Managing Resources

- Thinking about this school year, how often have you had access to a computer or tablet AT HOME when you need one for school? (Include devices provided by your school)
- Thinking about this school year, when you have needed to use WiFi/internet for school, how often have you had access AT HOME?
- Are there adults you can turn to for help or support if needed?
- If you were to feel sad or hopeless, to whom would you most likely turn for help?
Choose all that apply:

- Thinking about this school year, how often have one or more of your **teachers or adults at school** done the following:
 - Checked-in to see how you were doing
 - Let you know that they are available if you need any help.
 - Expressed interest in your wellbeing.

Engaging Families and Communities

- During the past 12 months, have you felt depressed or sad MOST days, even if you felt OK sometimes?
- During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- During the past 12 months, did you need mental health services from a counselor, therapist, emergency room, or other health care provider?
- During the past 12 months, did you try to get mental health services from a counselor, therapist, emergency room, or other health care provider?
- Outside of school hours, there is a safe place or person I can go to if I need help.
- Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?
- Are there adults you can turn to for help or support if needed?
- If you feel sad or hopeless, to whom would you most likely turn for help? Choose all that apply:
- Thinking about this school year, how often have one or more of your **friends or classmates** done the following:
 - Checked-in to see how you were doing
 - Let you know that they are available if you need any help.
 - Expressed interest in your wellbeing.
- How often during the current school year did you or your family have to cut meal size or skip meals because there wasn't enough money for food?

Closing the Gap

A Tableau dashboard will be created for this survey that will allow school leaders to disaggregate and cross tabulate demographic questions with other questions on the survey to identify potential gaps.

- What sex/gender were you at birth, even if you are not that gender today?
- Are you Hispanic/Latino/Latina/Latinx?
- What is your race? (select all that apply)
- What is the language you speak most often at home?

- How do you currently identify yourself? Select all that apply (gender identity); asked to students in grades 7 to 12
- Which of the following best describes you? (sexual orientation); asked to students in grades 7 to 12
- Who did you live with **most** of the time during the **current school year**?
- Where did you live **most** of the time during the current school year?
- Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?
- Have you or your family moved in the past 3 years to another school district or city for **temporary or seasonal** work in agriculture, dairy, or fishing?
- How much are you worried right now about the following things?
 - Your family not being able to afford rent or housing?
 - Not having enough food to eat?
- How often during the current school year did you or your family have to cut meal size or skip meals because there wasn't enough money for food?
- Think back over this school year so far. How often did you:
 - **Enjoy** school?
 - Try to do your very best work in school?
 - Feel the schoolwork you were assigned was meaningful and important?
 - Think that your classes were interesting to you?
 - Get praised by your teachers?
- During the past 30 days, on how many days have you been absent from school for any reason? Include any days that you missed at least half of the school day.
- Please select reasons why you have been absent from school in the past 30 days (select all that apply):
- Thinking about this school year, how often have you had access to a computer or tablet AT HOME when you need one for school? (Include devices provided by your school)
- Thinking about this school year, when you have needed to use WiFi/internet for school, how often have you had access AT HOME?
- During the current school year, how much time do you spend on school work outside of class time?
- During the past year did you:
 - Smoke cigarettes?
 - Use an electronic cigarette, also called e-cigs, JUUL, or vape pens?
 - Drink a glass, can, or bottle of alcohol?
 - Use marijuana or hashish?
- During the past 12 months, have you felt depressed or sad MOST days, even if you felt OK sometimes?

- During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- Do you think it's ok to seek help and talk to a professional counselor, therapist, or doctor if you've been feeling very sad, hopeless, or suicidal?
- My stress level is manageable most days
- Outside of school hours, there is a safe place or person I can go to if I need help.
- These items deal with ways you cope with the stress in your life. There are many ways to try to deal with problems. To what extent do you do what the item says?
 - I get emotional support from others.
 - I get help and advice from other people.
 - I express my feelings and let people know what I'm thinking about.

Children's Hope Scale: (see the last page of the document for further information)

- Please select the option that describes you:
 - I can think of many ways to get the things in life that are most important to me
 - I am doing just as well as other kids my age
 - When I have a problem, I can come up with lots of ways to solve it
 - I think the things that I have done in the past will help me in the future
- Please select the option that describes you:
 - I am optimistic or hopeful about my future
- Are there adults you can turn to for help or support if needed?

Explanation of the Children's Hope Scale

The Children's Hope Scale, published in 1997 by Rick Snyder can be used to help measure hope in individuals age 8 to 16. Research has linked hope with overall physical, psychological, and social wellbeing. Children who can identify a means to carry out goals (pathways) and the ability to initiate and sustain action towards goals (agency) are considered more hopeful.

The full Children's Hope Scale has six questions on it. Three that measure pathways and three that measure agency. In the 2018 Healthy Youth Survey (HYS), only four questions from the survey were asked due to spacing. Consulting with researchers it was determined that the scale is still valid with just asking four of the questions instead of all six. The results for the Children's Hope Scale on the 2018 Healthy Youth Survey can be interpreted as follows.

Interpretation of Scores

The Children's Hope Scale uses a six-point response scale with "none of the time" equating to the lowest value of one, and "all of the time" equating to the highest value of six. Adding the response values for pathway questions will provide a pathway score ranging from 2-12; higher scores reflect higher pathway thinking. Adding the response values for agency questions will provide an agency score ranging from 2-12; higher scores reflect higher agency thinking. Adding pathway and agency scores will provide an overall hope score (i.e., level of hope). Scores of 4-8 indicate no to very low hope, 9-12 indicate slightly hopeful, 13-16 indicate moderately hopeful, and 17-24 indicates highly hopeful.

Pathway questions on HYS:

- I can think of many ways to get the things in life that are most important to me.
- When I have a problem, I can come up with lots of ways to solve it.

Pathway thinking is a child's belief in their capacity to find multiple ways to reach their goals.

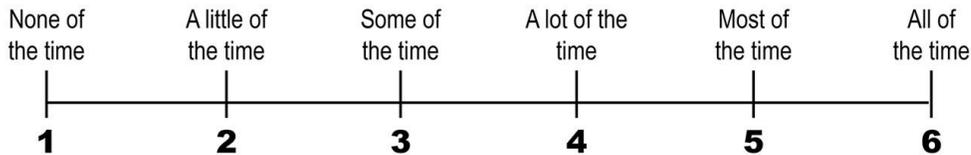
Agency questions on HYS:

- I am doing just as well as other kids my age.
- I think the things I have done in the past will help me in the future.

Agency thinking is a child's self-efficacy and motivation to use multiple ways to reach their goal.

THE CHILDREN'S HOPE SCALE

Directions: Read each sentence carefully. For each sentence, please think about how you are in most situations. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided. There are no right or wrong answers.



- ___ 1. I think I am doing pretty well.
- ___ 2. I can think of many ways to get the things in life that are most important to me.
- ___ 3. I am doing just as well as other kids my age.
- ___ 4. When I have a problem, I can come up with lots of ways to solve it.
- ___ 5. I think the things that I have done in the past will help me in the future.
- ___ 6. Even when others want to quit, I know that I can find ways to solve the problem.

Notes: The **Agency** subscale score is the sum of items 1, 3 & 5; the **Pathways** subscale score is the sum of items 2, 4 & 6. **Hope** is the sum of the three **Pathways** and three **Agency** items. Scores can range from a low of 6 to a high of 36.

Agency Score ___ (Add items 1,3 and 5)

Pathways Score ___ (Add items 2,4, and 6)

Total Hope Score ___ (Agency Score + Pathways Score)