****Depoali S.T.R.I.K.E Survey

Grade\_\_\_\_ Team\_\_\_\_

1. **Did your advisory complete a S.T.R.I.K.E lesson weekly?** YES or NO
2. **How many rewards did you attend this year?** 0-2           3-5         6-8
3. **If you did not attend a reward what prevented you from going?** Grades   Signatures   Major referrals
4. **What kind of reward did you like best?** Dance Movie Bring Your Own Technology Pancake Breakfast

 Outside/Gym Longer Lunch Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did you like/use the items you got from the student store?**  YES or NO

If NO, what would improve the student store?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How many signatures on average do you get weekly from staff at Depoali?** 0 1 2 3 4 5 6 7 8 9 10+
2. **How many signatures do you get on average from home?** 0 1 2 3 4 5 6 7 8 9 10+
3. **How many positive referrals did you earn this year?** 0 1 2 3 4 5 6 7 8 9 10+
4. **How often do you use something you learned in a S.T.R.I.K.E. lesson in other parts of your day?** (Example: in sports, family, community, etc.)

Never Sometimes Most of the Time All the time

1. I**s there an adult at school you feel you have a good relationship with and would confide in if you needed to?** YES or NO

If YES, please write the adult’s name. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have any student feedback as to how we could improve our positive reinforcement system at Depoali?**