

**Quality of School Climate Safety (QSCS) Survey  
Alternate Assessment Response Sheet**

**Student Name:** \_\_\_\_\_ **SSID #** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

School Climate	Student Response				Notes
	Strongly Disagree	Disagree	Agree	Strongly Agree	
1					
2					
3					
4					
5					
School Safety	Student Response				Notes
	Strongly Disagree	Disagree	Agree	Strongly Agree	
6					
7					
8					
9					
10					
Opportunity to Learn	Student Response				Notes
	Strongly Disagree	Disagree	Agree	Strongly Agree	
11					
12					
13					
14					
15					
16					
17					

If no response is given to a survey question, leave that item blank and please document that information in the notes column.