

All Guests

Our schools are dedicated to supporting all of our students. It's important that we get the opportunity to connect with the community to improve services for families and students that we serve. Your personal information will be kept confidential.

12/12/24

Please mark all that apply to you. How are you involved with your school district?

- | | | |
|--|---|--|
| <input type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Parent or Guardian of a student
<input checked="" type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input checked="" type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|--|---|--|

SOP
CBB

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Do you identify as LGBTQ2SIA+?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input type="checkbox"/> Prefer not to say |
|---|--|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> No |
|---|---|

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|---|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|---|---|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input checked="" type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|---|---|

Please mark all that apply. Which of the following do you have experience with?

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Student | <input checked="" type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input checked="" type="checkbox"/> More than 15 years |
| <input type="checkbox"/> Not applicable |

Please mark all that apply. Which of the following do you have experience with?

- | | |
|--|---|
| <input checked="" type="checkbox"/> Foster care | <i>Since age 18 months - age 18 years</i> |
| <input type="checkbox"/> Homelessness | |
| <input checked="" type="checkbox"/> Free or reduced school meals, food stamps or food assistance | |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities | |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher | |
| <input type="checkbox"/> None of the above | |
| <input type="checkbox"/> Prefer not to say | |

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Please mark all that apply to you. How are you involved with your school district?

- | | | |
|--|---|--|
| <input type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input checked="" type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|--|---|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latin/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply to you.

- | | |
|---|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No |
|---|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|--|---|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years to 15 years
<input checked="" type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|--|---|

Please mark all that apply. Which of the following do you have experience with?

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CES

12/14/24

Please mark all that apply to you. How are you involved with your school district?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|--|--|

607th
grade

Please mark all that apply. What is your race/ethnicity?

- ☐ American Indian/Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Black or African American
☐ Hispanic or Latino/Latin/Latinx
☐ I identify differently:

Do you identify as LGBTQ2SIA+?

- ☐ Yes
☒ No
☐ I identify differently: _____

Please mark all that apply to you.

- ☐ I arrived in the USA as a refugee or asylum seeker
☐ I am an immigrant to the USA
☐ My parents were immigrants to the USA
☒ I was born in the USA and/or USA Territory
☐ I am an indigenous person.
☐ Prefer not to say.
☐ Other:

Is English your first language?

- ☒ Yes
☐ No
☐ Prefer not to say

Do you have a disability?

- ☐ Yes
☒ No
☐ Prefer not to say

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
☐ 8 months to less than 3 years
☐ 3 years to 15 years
☐ More than 15 years
☒ Not applicable

Please mark all that apply. Which of the following do you have experience with?

- ☐ Foster care
☐ Homelessness
☐ Free or reduced school meals, food stamps or food assistance
☐ Jail, prison, juvenile detention or other correctional facilities
☐ Moving to pursue work as a migratory agricultural worker or fisher
☒ None of the above
☐ Prefer not to say

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- ☐ I arrived in the USA as a refugee or asylum seeker
- ☐ I am an immigrant to the USA
- ☐ My parents were immigrants to the USA
- ☒ I was born in the USA and/or USA Territory
- ☐ I am an indigenous person.
- ☐ Prefer not to say.
- ☐ Other:

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
- ☐ 8 months to less than 3 years
- ☐ 3 years to 15 years
- ☐ More than 15 years
- ☒ Not applicable

Please mark all that apply. Which of the following do you have experience with?

- ☐ Foster care
- ☐ Homelessness
- ☐ Free or reduced school meals, food stamps or food assistance
- ☐ Jail, prison, juvenile detention or other correctional facilities
- ☐ Moving to pursue work as a migratory agricultural worker or fisher
- ☒ None of the above
- ☐ Prefer not to say

Parents or Guardians of Students Only

Please complete the other side first.

Only complete this side if you indicated you are the parent or guardian of a student.

<p>Please mark all that apply. I am the parent or guardian of one or more students who identify as:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latina/Latinx <input type="checkbox"/> I identify differently: </div> <div style="width: 45%;"> <input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Prefer not to say </div> </div>	<p>Please mark all that apply. I am the parent or guardian of one or more students who identify as:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> living with a disability <input type="checkbox"/> LGBTQ2SIA+ <input checked="" type="checkbox"/> an immigrant to the USA <input checked="" type="checkbox"/> none of the above <input type="checkbox"/> I prefer not to say </div> <div style="width: 45%;"></div> </div>
<p>Please mark all that apply. I am the parent or guardian of at least one student who:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> is eligible for free or reduced meals at school <input type="checkbox"/> is receiving foster care <input type="checkbox"/> is experiencing homelessness <input type="checkbox"/> has spent time in a jail, prison, juvenile detention center, or other correctional facility <input type="checkbox"/> has moved because the household is pursuing work as a migratory agricultural worker or fisher <input checked="" type="checkbox"/> None of the above <input type="checkbox"/> I prefer not to say </div> <div style="width: 45%;"></div> </div>	<p>If you are the parent or guardian of one or more students who are immigrants, how long have they attended school in the USA? (Please mark only one).</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Less than 8 months <input type="checkbox"/> 8 months to less than 3 years <input type="checkbox"/> 3 years to 15 years <input type="checkbox"/> More than 15 years <input checked="" type="checkbox"/> Not applicable </div> <div style="width: 45%;"></div> </div>
<p>Does your household speak a language other than English?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="width: 45%;"> <input type="checkbox"/> Prefer not to say </div> </div>	

Parents or Guardians of Students Only

*Please complete the other side first.
Only complete this side if you indicated you are the parent or guardian of a student.*

<p>Please mark all that apply. I am the parent or guardian of one or more students who identify as:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latina/Latinx <input type="checkbox"/> I identify differently: </div> <div style="width: 45%;"> <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say </div> </div>	<p>Please mark all that apply. I am the parent or guardian of one or more students who identify as:</p> <input type="checkbox"/> living with a disability <input checked="" type="checkbox"/> LGBTQ2SIA+ <input type="checkbox"/> an immigrant to the USA <input type="checkbox"/> none of the above <input type="checkbox"/> I prefer not to say
<p>Please mark all that apply. I am the parent or guardian of at least one student who:</p> <input checked="" type="checkbox"/> is eligible for free or reduced meals at school <input type="checkbox"/> is receiving foster care <input type="checkbox"/> is experiencing homelessness <input type="checkbox"/> has spent time in a jail, prison, juvenile detention center, or other correctional facility <input type="checkbox"/> has moved because the household is pursuing work as a migratory agricultural worker or fisher <input type="checkbox"/> None of the above <input type="checkbox"/> I prefer not to say	<p>If you are the parent or guardian of one or more students who are immigrants, how long have they attended school in the USA? (Please mark only one).</p> <input type="checkbox"/> Less than 8 months <input type="checkbox"/> 8 months to less than 3 years <input checked="" type="checkbox"/> 3 years to 15 years <input type="checkbox"/> More than 15 years <input type="checkbox"/> Not applicable
<p>Does your household speak a language other than English?</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Prefer not to say </div>	

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Please mark all that apply to you. How are you involved with your school district?

- | | |
|--|--|
| <input type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff |
|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Do you identify as LGBTQ2SIA+?

- | | |
|---|---|
| <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input checked="" type="checkbox"/> Prefer not to say |
|---|---|

Please mark all that apply to you.

- | | |
|---|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
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<input type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: |
|---|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|---|--|
| <input type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|---|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|--|--|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input checked="" type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input checked="" type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable |
|--|--|

Please mark all that apply. Which of the following do you have experience with?

- | | |
|--|---|
| <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input type="checkbox"/> None of the above
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<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|---|---|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
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<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Do you identify as LGBTQ2SIA+?

- | | |
|---|---|
| <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input checked="" type="checkbox"/> Prefer not to say |
|---|---|

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- | | |
|---|---|
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<input type="checkbox"/> My parents were immigrants to the USA
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<input type="checkbox"/> Prefer not to say.
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<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: |
|---|---|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

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<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable |
|---|---|

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|--|--|
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<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|--|--|

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latin/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|--|---|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Prefer not to say |
|---|---|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
☐ 8 months to less than 3 years
☐ 3 years to 15 years
☐ More than 15 years
☐ Not applicable

Do you identify as LGBTQ2SIA+?

- ☐ Yes
☒ No
☐ I identify differently: _____
☐ Prefer not to say

Is English your first language?

- ☒ Yes
☐ No
☐ Prefer not to say

Do you have a disability?

- ☐ Yes
☒ No
☐ Prefer not to say

Please mark all that apply. Which of the following do you have experience with?

- ☐ Foster care
☐ Homelessness
☐ Free or reduced school meals, food stamps or food assistance
☐ Jail, prison, juvenile detention or other correctional facilities
☐ Moving to pursue work as a migratory agricultural worker or fisher
☒ None of the above
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|---|--|---|--|

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- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Prefer not to say |
|--|--|

Is English your first language?

- | | |
|---|--|
| <input type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|---|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply. Which of the following do you have experience with?

- | |
|--|
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<input type="checkbox"/> Homelessness
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<input checked="" type="checkbox"/> None of the above
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|--|

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<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
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<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
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<input checked="" type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
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<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
|---|---|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

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- | | |
|--|---|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input checked="" type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input checked="" type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
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|--|---|

Please mark all that apply. Which of the following do you have experience with?

All Guests

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- | | | | | |
|---|--|--|---|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input checked="" type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
- ☐ 8 months to less than 3 years
- ☒ 3 years to 15 years
- ☐ More than 15 years
- ☐ Not applicable

Please mark all that apply. Which of the following do you have experience with?

- | |
|---|
| <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher |
| <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say |

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- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
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<input type="checkbox"/> Community Based Organization
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<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
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<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|---|---|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
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|---|---|

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- | | |
|---|--|
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|---|--|

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Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input type="checkbox"/> Prefer not to say |
|--|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply. Which of the following do you have experience with?

- | | |
|--|---|
| <input type="checkbox"/> Foster care
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<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
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|--|---|

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
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| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
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- | |
|--|
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| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
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|---|---|---|--|

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<input type="checkbox"/> No |
|---|--|

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- | | |
|--|--|
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|--|--|

Do you have a disability?

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|--|--|
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<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> I am an immigrant to the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: |
|---|---|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

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- | | |
|--|--|
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<input type="checkbox"/> 8 months to less than 3 years
<input checked="" type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input checked="" type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable |
|--|--|

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|--|--|
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<input checked="" type="checkbox"/> None of the above
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|--|--|

All Guests

Our schools are dedicated to supporting all of our students. It's important that we get the opportunity to connect with the community to improve services for families and students that we serve. Your personal information will be kept confidential.

Please mark all that apply to you. How are you involved with your school district?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator
<input type="checkbox"/> University Staff |
|---|---|---|

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|---|
| <input checked="" type="checkbox"/> American Indian/Alaska Native
<input checked="" type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input checked="" type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently. | <input type="checkbox"/> Asian
<input type="checkbox"/> White
<input checked="" type="checkbox"/> Prefer not to say |
|--|---|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> English your first language?
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Prefer not to say |
|---|---|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|---|--|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input checked="" type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|---|--|

Please mark all that apply. Which of the following do you have experience with?

- | | |
|--|--|
| <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input checked="" type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Do you have a disability?
<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> Prefer not to say |
|--|--|

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|---|
| <input checked="" type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|--|---|

Please mark all that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input checked="" type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No |
|--|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|---|--|
| <input type="checkbox"/> Less than 8 months
<input checked="" type="checkbox"/> 8 months to less than 3 years
<input checked="" type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|---|--|

Please mark all that apply. Which of the following do you have experience with?

All Guests

Our schools are dedicated to supporting all of our students. It's important that we get the opportunity to connect with the community to improve services for families and students that we serve. Your personal information will be kept confidential.

Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input type="checkbox"/> More than 15 years |
| <input checked="" type="checkbox"/> Not applicable |

Please mark all that apply. Which of the following do you have experience with?

- | |
|---|
| <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher |
| <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say |

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input checked="" type="checkbox"/> School Volunteer <i>(K-12)</i> | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina, Latinx | |
| <input type="checkbox"/> I identify differently: | <i>Asian, but mostly</i> |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
☐ 8 months to less than 3 years
☐ 3 years to 15 years
☐ More than 15 years
☐ Not applicable

Do you identify as LGBTQ2SIA+?

- | | |
|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: <i>idk</i> | |
| <i>(does voice count?)</i> | |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes <i>(∞ + ∞)</i> | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No <i>(Anxiety + ADHD)</i> | |

Please mark all that apply. Which of the following do you have experience with?

- | | |
|--|---|
| <input type="checkbox"/> Foster care <i>x</i> | <input type="checkbox"/> Homelessness <i>x</i> |
| <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance <i>x</i> | <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities <i>x</i> |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher <i>x</i> | <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say | |

x

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input checked="" type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- ☐ I arrived in the USA as a refugee or asylum seeker
- ☐ I am an immigrant to the USA
- ☐ My parents were immigrants to the USA
- ☒ I was born in the USA and/or USA Territory
- ☐ I am an indigenous person.
- ☐ Prefer not to say.
- ☐ Other:

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
- ☐ 8 months to less than 3 years
- ☐ 3 years to 15 years
- ☐ More than 15 years
- ☐ Not applicable

Please mark all that apply. Which of the following do you have experience with?

- ☐ Foster care
- ☐ Homelessness
- ☐ Free or reduced school meals, food stamps or food assistance
- ☐ Jail, prison, juvenile detention or other correctional facilities
- ☐ Moving to pursue work as a migratory agricultural worker or fisher
- ☐ None of the above
- ☐ Prefer not to say

All Guests

Our schools are dedicated to supporting all of our students. It's important that we get the opportunity to connect with the community to improve services for families and students that we serve. Your personal information will be kept confidential.

12/10/24
CMHS

Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input type="checkbox"/> More than 15 years |
| <input type="checkbox"/> Not applicable |

(whole life) ☒

Please mark all that apply. Which of the following do you have experience with?

- | |
|--|
| <input checked="" type="checkbox"/> Foster care |
| <input type="checkbox"/> Homelessness |
| <input checked="" type="checkbox"/> Free or reduced school meals, food stamps or food assistance |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher |
| <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say |

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|---|---|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input checked="" type="checkbox"/> Black or African American
<input checked="" type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|--|

Please mark all that apply to you.

- | | |
|---|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> I identify differently: |
|---|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
☐ 8 months to less than 3 years
☐ 3 years to 15 years
☐ More than 15 years
☐ Not applicable

Do you identify as LGBTQ2SIA+?

~~Yes~~
 Identify differently: Bisexual

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|---|--|
| <input type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|---|--|

Please mark all that apply. Which of the following do you have experience with?

- | | |
|--|---------------------------------|
| <input checked="" type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input checked="" type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input checked="" type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other: |
|--|---------------------------------|

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
|---|---|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|--|--|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years to 15 years
<input checked="" type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|--|--|

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input type="checkbox"/> Prefer not to say |
|--|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply. Which of the following do you have experience with?

All Guests

Our schools are dedicated to supporting all of our students. It's important that we get the opportunity to connect with the community to improve services for families and students that we serve. Your personal information will be kept confidential.

Please mark all that apply to you. How are you involved with your school district?

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator
<input type="checkbox"/> University Staff |
|---|---|--|---|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latino/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
|---|---|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
☐ 8 months to less than 3 years
☐ 3 years to 15 years
☐ More than 15 years
☒ Not applicable

Please mark all that apply. Which of the following do you have experience with?

- ☐ Foster care
☐ Homelessness
☐ Free or reduced school meals, food stamps or food assistance
☐ Jail, prison, juvenile detention or other correctional facilities
☐ Moving to pursue work as a migratory agricultural worker or fisher
☒ None of the above
☐ Prefer not to say

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input checked="" type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input checked="" type="checkbox"/> Community Based Organization | <input checked="" type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input checked="" type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latin/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input checked="" type="checkbox"/> My parents were immigrants to the USA |
| <input type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input type="checkbox"/> More than 15 years |
| <input type="checkbox"/> Not applicable |

Please mark all that apply. Which of the following do you have experience with?

- | |
|--|
| <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input checked="" type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher |
| <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say |

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|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input checked="" type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input checked="" type="checkbox"/> Community Based Organization | <input checked="" type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latinal/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- ☐ I arrived in the USA as a refugee or asylum seeker
- ☐ I am an immigrant to the USA
- ☐ My parents were immigrants to the USA
- ☒ I was born in the USA and/or USA Territory
- ☐ I am an indigenous person.
- ☐ Prefer not to say.
- ☐ Other:

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
- ☐ 8 months to less than 3 years
- ☐ 3 years to 15 years
- ☐ More than 15 years
- ☒ Not applicable

Please mark all that apply. Which of the following do you have experience with?

- ☐ Foster care
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- ☐ Free or reduced school meals, food stamps or food assistance
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- ☐ Moving to pursue work as a migratory agricultural worker or fisher
- ☒ None of the above
- ☐ Prefer not to say

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
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| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input type="checkbox"/> More than 15 years |
| <input type="checkbox"/> Not applicable |

Please mark all that apply. Which of the following do you have experience with?

- | |
|---|
| <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher |
| <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say |

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Please mark all that apply to you. How are you involved with your school district?

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|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- ☐ I arrived in the USA as a refugee or asylum seeker
- ☐ I am an immigrant to the USA
- ☐ My parents were immigrants to the USA
- ☒ I was born in the USA and/or USA Territory
- ☐ I am an indigenous person.
- ☐ Prefer not to say.
- ☐ Other:

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
- ☐ 8 months to less than 3 years
- ☐ 3 years to 15 years
- ☐ More than 15 years
- ☐ Not applicable

Please mark all that apply. Which of the following do you have experience with?

- ☐ Foster care
- ☐ Homelessness
- ☐ Free or reduced school meals, food stamps or food assistance
- ☐ Jail, prison, juvenile detention or other correctional facilities
- ☐ Moving to pursue work as a migratory agricultural worker or fisher
- ☒ None of the above
- ☐ Prefer not to say

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- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|---|
| <input checked="" type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|--|---|

Please mark all that apply to you.

- | | |
|---|--|
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<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I identify differently: |
|---|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

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<input type="checkbox"/> Homelessness
<input checked="" type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|---|--|

Please mark all that apply. Which of the following do you have experience with?

All Guests

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- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce

<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latin/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|--|---|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
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<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
|---|---|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
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|--|--|

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- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Please mark all that apply to you.

- | | |
|---|--|
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<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> I am an immigrant to the USA? |
|---|--|

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|--|--|
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<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|--|--|

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input type="checkbox"/> Prefer not to say |
|--|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply. Which of the following do you have experience with?

- | | |
|--|--|
| <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
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<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|--|--|

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|---|--|--|
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<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
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<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Please mark all that apply to you.

- | | |
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<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> Do you identify as LGBTQ2SIA+?
<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ |
|---|---|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|--|--|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years to 15 years
<input checked="" type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
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|--|--|

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input checked="" type="checkbox"/> Licensed Staff | <input checked="" type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input checked="" type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input checked="" type="checkbox"/> More than 15 years |
| <input type="checkbox"/> Not applicable |

Please mark all that apply. Which of the following do you have experience with?

- | |
|---|
| <input checked="" type="checkbox"/> Foster care |
| <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher |
| <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say |

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input checked="" type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input checked="" type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input type="checkbox"/> More than 15 years |
| <input checked="" type="checkbox"/> Not applicable |

Please mark all that apply. Which of the following do you have experience with?

- | |
|---|
| <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher |
| <input type="checkbox"/> None of the above |
| <input checked="" type="checkbox"/> Prefer not to say |

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input checked="" type="checkbox"/> White |
| <input checked="" type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latinal/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input type="checkbox"/> More than 15 years |
| <input type="checkbox"/> Not applicable |

Please mark all that apply. Which of the following do you have experience with?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance | <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher | <input checked="" type="checkbox"/> None of the above | | |
| <input type="checkbox"/> Prefer not to say | | | |

All Guests

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Please mark all that apply to you. How are you involved with your school district?	
<input checked="" type="checkbox"/> Student <input type="checkbox"/> Tribal member <input type="checkbox"/> Business Community <input type="checkbox"/> Other:	<input type="checkbox"/> Parent or Guardian of a student <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Local Workforce/Chamber of Commerce <input type="checkbox"/> School Volunteer <input type="checkbox"/> Community Leader <input type="checkbox"/> Community College Staff <input type="checkbox"/> University Staff <input type="checkbox"/> Licensed Staff <input type="checkbox"/> Classified Staff <input type="checkbox"/> Student Program Coordinator
Please mark all that apply. What is your race/ethnicity?	
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latina/Latinx <input type="checkbox"/> I identify differently:	<input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Prefer not to say
Please mark all that apply to you.	
<input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker <input type="checkbox"/> I am an immigrant to the USA <input type="checkbox"/> My parents were immigrants to the USA <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory <input type="checkbox"/> I am an indigenous person. <input type="checkbox"/> Prefer not to say. <input type="checkbox"/> Other:	Is English your first language? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Do you have a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to say
If you are an immigrant, please answer the following question.	
Please mark only one. How long have you lived in the USA?	
<input type="checkbox"/> Less than 8 months <input type="checkbox"/> 8 months to less than 3 years <input type="checkbox"/> 3 years to 15 years <input type="checkbox"/> More than 15 years <input checked="" type="checkbox"/> Not applicable	
Please mark all that apply. Which of the following do you have experience with?	
<input type="checkbox"/> Foster care <input type="checkbox"/> Homelessness <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher <input checked="" type="checkbox"/> None of the above <input type="checkbox"/> Prefer not to say	

All Guests

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<p>Please mark all that apply to you. How are you involved with your school district?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Student <input type="checkbox"/> Tribal member <input type="checkbox"/> Business Community <input type="checkbox"/> Other: </div> <div style="width: 45%;"> <input type="checkbox"/> Parent or Guardian of a student <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Local Workforce/Chamber of Commerce <input type="checkbox"/> School Volunteer <input type="checkbox"/> Community Leader <input type="checkbox"/> Community College Staff <input type="checkbox"/> University Staff </div> </div>	<p>Please mark all that apply. What is your race/ethnicity?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latina/Latinx <input type="checkbox"/> I identify differently: </div> <div style="width: 45%;"> <input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Prefer not to say </div> </div>	<p>Do you identify as LGBTQ2SIA+?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I identify differently: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Prefer not to say </div> </div>
<p>Please mark all that apply to you.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker <input type="checkbox"/> I am an immigrant to the USA <input type="checkbox"/> My parents were immigrants to the USA <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory <input type="checkbox"/> I am an indigenous person. <input type="checkbox"/> Prefer not to say. <input type="checkbox"/> Other: </div> <div style="width: 45%;"> <p>Is English your first language?</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say </div> </div>	<p>Do you have a disability?</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
<p>If you are an immigrant, please answer the following question.</p> <p>Please mark only one. How long have you lived in the USA?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Less than 8 months <input type="checkbox"/> 8 months to less than 3 years <input type="checkbox"/> 3 years to 15 years <input type="checkbox"/> More than 15 years <input type="checkbox"/> Not applicable </div> <div style="width: 45%;"> <p>Please mark all that apply. Which of the following do you have experience with?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Foster care <input type="checkbox"/> Homelessness <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher <input checked="" type="checkbox"/> None of the above <input type="checkbox"/> Prefer not to say </div> <div style="width: 45%;"> <input type="checkbox"/> Preferred </div> </div> </div> </div>		

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latino/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply to you.

- | | |
|---|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No |
|---|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|---|--|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input checked="" type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|---|--|

Please mark all that apply. Which of the following do you have experience with?

All Guests

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Please mark all that apply to you. How are you involved with your school district?

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator |
|---|--|--|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Please mark all that apply to you.

- | | |
|---|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> Do you have a disability?
<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> Prefer not to say |
|---|--|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | | |
|---|--|
| <input type="checkbox"/> Less than 8 months
<input type="checkbox"/> 8 months to less than 3 years
<input type="checkbox"/> 3 years to 15 years
<input type="checkbox"/> More than 15 years
<input type="checkbox"/> Not applicable | <input type="checkbox"/> Foster care
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Free or reduced school meals, food stamps or food assistance
<input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities
<input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher
<input checked="" type="checkbox"/> None of the above
<input type="checkbox"/> Prefer not to say |
|---|--|

Please mark all that apply. Which of the following do you have experience with?

- | | |
|---|--|
| <input type="checkbox"/> English your first language?
<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Do you have a disability?
<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> Prefer not to say |
|---|--|

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Please mark all that apply to you. How are you involved with your school district?

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Student
<input type="checkbox"/> Tribal member
<input type="checkbox"/> Business Community
<input type="checkbox"/> Other: | <input type="checkbox"/> Parent or Guardian of a student
<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Local Workforce/Chamber of Commerce
<input type="checkbox"/> School Volunteer
<input type="checkbox"/> Community Leader
<input type="checkbox"/> Community College Staff
<input type="checkbox"/> University Staff | <input type="checkbox"/> Licensed Staff
<input type="checkbox"/> Classified Staff
<input type="checkbox"/> Student Program Coordinator
<input type="checkbox"/> University Staff |
|---|--|---|

Please mark all that apply. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino/Latina/Latinx
<input type="checkbox"/> I identify differently: | <input type="checkbox"/> Asian
<input checked="" type="checkbox"/> White
<input type="checkbox"/> Prefer not to say |
|---|---|

Please mark all that apply to you.

- | | |
|---|---|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: | <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker
<input type="checkbox"/> I am an immigrant to the USA
<input type="checkbox"/> My parents were immigrants to the USA
<input checked="" type="checkbox"/> I was born in the USA and/or USA Territory
<input type="checkbox"/> I am an indigenous person.
<input type="checkbox"/> Prefer not to say.
<input type="checkbox"/> Other: |
|---|---|

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- ☐ Less than 8 months
☐ 8 months to less than 3 years
☐ 3 years to 15 years
☐ More than 15 years
☒ Not applicable

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input type="checkbox"/> I identify differently: _____ | <input type="checkbox"/> Prefer not to say |
|--|--|

Is English your first language?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|--|--|

Please mark all that apply. Which of the following do you have experience with?

- ☐ Foster care
☐ Homelessness
☒ Free or reduced school meals, food stamps or food assistance
☐ Jail, prison, juvenile detention or other correctional facilities
☐ Moving to pursue work as a migratory agricultural worker or fisher
☐ None of the above
☐ Prefer not to say

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Please mark all that apply to you. How are you involved with your school district?

- | | | | | |
|---|--|--|--|---|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> Parent or Guardian of a student | <input type="checkbox"/> School Volunteer | <input type="checkbox"/> Licensed Staff | <input type="checkbox"/> Classified Staff |
| <input type="checkbox"/> Tribal member | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Community Leader | <input type="checkbox"/> Student Program Coordinator | |
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Local Workforce/Chamber of Commerce | <input type="checkbox"/> Community College Staff | <input type="checkbox"/> University Staff | |
| <input type="checkbox"/> Other: | | | | |

Please mark all that apply. What is your race/ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White |
| <input checked="" type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hispanic or Latino/Latina/Latinx | |
| <input type="checkbox"/> I identify differently: | |

Do you identify as LGBTQ2SIA+?

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> I identify differently: _____ | |

Please mark all that apply to you.

- | |
|--|
| <input type="checkbox"/> I arrived in the USA as a refugee or asylum seeker |
| <input type="checkbox"/> I am an immigrant to the USA |
| <input type="checkbox"/> My parents were immigrants to the USA |
| <input checked="" type="checkbox"/> I was born in the USA and/or USA Territory |
| <input type="checkbox"/> I am an indigenous person. |
| <input type="checkbox"/> Prefer not to say. |
| <input type="checkbox"/> Other: |

Is English your first language?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Do you have a disability?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

If you are an immigrant, please answer the following question.

Please mark only one. How long have you lived in the USA?

- | |
|--|
| <input type="checkbox"/> Less than 8 months |
| <input type="checkbox"/> 8 months to less than 3 years |
| <input type="checkbox"/> 3 years to 15 years |
| <input type="checkbox"/> More than 15 years |
| <input type="checkbox"/> Not applicable |

Please mark all that apply. Which of the following do you have experience with?

- | |
|---|
| <input type="checkbox"/> Foster care |
| <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Free or reduced school meals, food stamps or food assistance |
| <input type="checkbox"/> Jail, prison, juvenile detention or other correctional facilities |
| <input type="checkbox"/> Moving to pursue work as a migratory agricultural worker or fisher |
| <input checked="" type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say |