

Student Educational Equity Development (SEED) Survey



7th Grade Mathematics

Education leaders in Oregon would like to know more about your school year. Your answers will help schools in Oregon.

Your answers will be private. In most cases, your school, parent, or guardian will not see your answers.

Read each question carefully. Choose the answers that are true for you. There are no right or wrong answers. If you cannot find the perfect answer, it is okay to pick the best one. You can skip any question.

Use the tools in the survey to help you. If you have questions, ask your teacher.

Please select one of the following, then click Next:

- I will take this survey. Go to the first question.
- I will not take this survey. Go to the submit page.

Access to Learning Resources

The next questions will ask you about things that could help you with your school work. These may be things in your home, community, or school. Please read each question carefully. Choose the answers that are true for you.

1. Are these things available to help you with your school work?

| | No, not available | Yes, sometimes available | Yes, always available | Skip question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Internet connection or Wi-Fi | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Desktop computer or laptop (such as Chromebook or similar) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tablet (such as iPad or similar) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smartphone (such as iPhone or similar) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tools to help you talk with your teacher and other students (such as headphones, microphones or similar) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Are these things available to help you with your school work?

| | No, not available | Yes, sometimes available | Yes, always available | Skip question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Books or magazines to read for fun | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School supplies (such as paper, pencil, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Textbook, workbook, or other things provided by your school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Books from your class library, school library, or public library | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Are these things available to help you with your school work?

| | No, not available | Yes, sometimes available | Yes, always available | Skip question |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Desk, table, or flat writing surface | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quiet <u>place</u> to do school work (such as an office or bedroom) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friend, other children, or adults (not including your teachers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quiet <u>time</u> to do school work with few distractions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tutoring or extra help not provided by your school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sense of Belonging

The next questions will ask about your feelings toward your school. Please read each question carefully. Choose the answers that are true for you.

4. Think about your assignments from this school year. How often did they have pictures or stories of people who are like you and your family?

- Never
- Rarely
- Sometimes
- Often
- Skip question

5. Think about the tests you took this school year. How often did they have pictures or stories of people who are like you and your family?

- Never
- Rarely
- Sometimes
- Often
- Skip question

6. Think about the materials you used in class this school year. These could be textbooks, workbooks, or online materials. How often did they have pictures or stories of people who are like you and your family?

- Never
- Rarely
- Sometimes
- Often
- Skip question

7. Think about the things you read in class this school year. These things could be articles, stories, or books. How often did they show people who are like you and your family?

- Never
- Rarely
- Sometimes
- Often
- Skip question

- Intentionally left blank -

8. Think about this school year and the people at your school. How much do you agree with each statement?

| | Strongly disagree | Disagree | Agree | Strongly agree | Skip question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I have friends at school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My classmates care about me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There are adults at my school who are like me and my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel welcome at my school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Think about this school year and the people at your school. How much do you agree with each statement?

| | Strongly disagree | Disagree | Agree | Strongly agree | Skip question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| There are adults at my school who care about me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel safe talking with adults at my school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I feel safe talking with students at my school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I like going to school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have classmates who are like me and my family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Opportunity to Learn

The next questions will ask about your math class this year. Please read each question carefully. Choose the answers that are true for you.

10. Think about what you did in your math class this year. How often did you do the following?

| | Never | Rarely | Sometimes | Often | Skip question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Talk about new or difficult math vocabulary with your teacher or classmates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work in pairs or small groups to talk about a math problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Talk with the whole class about a math problem the class was working on. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Think about what you did in your math class this year. How often did the following happen?

| | Never | Rarely | Sometimes | Often | Skip question |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| You got help with math when you needed it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your teacher gave you helpful comments on a math test or assignment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your classmates gave you helpful comments on a math test or assignment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Think about what you did in your math class this year. How often did you use different ways to show your thinking on a math problem (such as draw a picture, tell a story, or write an equation)?

- Never
- Rarely
- Sometimes
- Often
- Skip question

13. Think about what you did in your math class this year. How often did your math assignments ask you to write several sentences?

- Never
- Rarely
- Sometimes
- Often
- Skip question

14. Think about what you did in your math class this year. How often did you use a computer or other digital device to solve math problems?

- Never
- Rarely
- Sometimes
- Often
- Skip question

15. Think about what you did in your math class this year. How often did you do the following?

| | Never | Rarely | Sometimes | Often | Skip question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Connect what you are learning in your math class to math concepts you already learned. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Calculate and use a unit rate to solve math problems. (For example, which is the better deal, a 10-ounce drink for \$1.99 or a 12-ounce drink for \$2.29 ?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use a number line or visual model when solving a problem involving negative rational numbers. (For example, find the difference in altitude between a 1,493-foot mountain and a valley that is 38 feet below sea level.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Solve multi-step real-world problems by creating and solving simple equations using variables. (For example, the perimeter of a rectangle is 54 cm. Its length is 6 cm. What is its width?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Self-Efficacy Beliefs

The next questions will ask you about what you learned in math class this year. Please read each question carefully. Choose the answers that are true for you.

16. Think about what you learned in your math class this year. How confident are you about doing each of the following?

| | Not confident | A little confident | Somewhat confident | Mostly confident | Very confident | Skip question |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I can list all the different possible outcomes when a coin is flipped three times. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can create an expression that represents the average number of miles I run in a week if I run 100 miles in w weeks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can find the price of a \$12 item that is discounted by 25%. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can find the amount of carpet needed to cover a rectangular floor if I know its length and width. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can give an example to show that a math statement is false. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Intentionally left blank -

17. Think about what you learned in your math class this year. How confident are you about doing each of the following?

| | Not confident | A little confident | Somewhat confident | Mostly confident | Very confident | Skip question |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I can explain to a classmate how I solved a math problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can use correct mathematical words and symbols when showing my work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can determine the better deal between a 10-ounce drink for \$1.99 and a 12-ounce drink for \$2.29. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can write the unknown number to make $4(2x - _) = 8x - 12$ true. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can find the difference in altitude between a 1,493-foot mountain and a valley that is 38 feet below sea level. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Intentionally left blank -

Opportunity to Learn

The next questions will ask about Native Americans in Oregon. Please read each question carefully. Choose the answers that are true for you.

18. How much do you agree with each statement?

| | Strongly disagree | Disagree | Agree | Strongly agree | Skip question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I like learning about Native Americans in Oregon. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I learn a lot about Native Americans in school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I know a lot about Native Americans in Oregon. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I would like to learn more about Native Americans in Oregon. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. How often do you learn at school about Native Americans and the tribes who live in Oregon?

- Never
- Rarely
- Sometimes
- Often
- Skip question

- Intentionally left blank -

Extracurricular Engagement

The next questions will ask about events and activities at your school and in your community. Please read each question carefully. Choose the answers that are true for you.

20. Think about school events and activities. How much do you agree with the following?

I regularly attend events sponsored by my school (such as school dances, sporting events, student concerts, etc.).

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Skip question

21. Think about school events and activities. How much do you agree with the following?

I regularly participate in extracurricular activities or clubs sponsored by my school (such as sports, robotics, drama, cultural club, academic club, etc.).

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Skip question

22. Think about school events and activities. How much do you agree with the following?

At my school, I have opportunities to create clubs, schedule activities, or plan school events.

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Skip question

23. Think about school events and activities. How much do you agree with the following?

At my school, I have opportunities to participate in extracurricular activities or clubs.

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Skip question

24. Think about community events and activities. How much do you agree with the following?

I regularly participate in activities or clubs in my community (not sponsored by my school).

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- Skip question

25. If you do not participate in school or community activities or clubs, please describe why.

- Intentionally left blank -

Career and Technical Education

The next questions will ask how you learned about career and technical education opportunities this year. Please read each question carefully. Choose the answers that are true for you.

26. How often did you do the following things at your school?

| | Never | Rarely | Sometimes | Often | Skip question |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Connect what you are learning in your classes to potential career opportunities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speak with a counselor, teacher, or another adult at your school about career opportunities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use the internet to gather information about careers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Well-Rounded Education

27. Think about this school year and the courses available at your school. How much do you agree with each statement?

| | Strongly disagree | Disagree | Agree | Strongly agree | Skip question |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I have opportunities to take courses that align with my interests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am taking courses that align with my interests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I have opportunities to take courses that will help me achieve my future goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am taking courses that will help me achieve my future goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

28. Please list any courses you would like to take that are not available to you at your school.

This is the end of the survey. You may review and change your answers before submitting. Thank you for your time. Your answers will help improve Oregon schools.