

Dear Edge Students and Support Persons,

Edge High School has put together a Needs Assessment Survey for our students to take anonymously. The intent of the survey is to better understand the different experiences of students with different identities. We believe it is important to ask about these intersecting identities in case individuals from certain groups have substantively different perceptions and experiences compared to individuals from other groups. Only Edge High School and its affiliates will have access to the survey data. Data will be aggregated and presented so that no individuals will be identifiable from the results that are shared. Results from the survey will be used to identify barriers to student learning. The goal is to create a resource for students and families that provides a list of all community resources that could be accessed to remove those barriers.

Pursuant to HB 2161 and ARS 15-117 A and B, schools must obtain written informed consent from parents/guardians/support persons of students before administering any survey that is retained by the school if the survey solicits personal information. For your convenience a copy of the questions asked in our Needs Assessment Student Survey is attached. You may give written consent by completing the consent form below. Please reach out to me with any questions or concerns.

Sincerely,

Rob Pecharich
Executive Director & District Principal
Edge High School
Pronouns: He/Him [Learn why pronouns matter](#)
Instagram: @edgehighschool

The following questions are asked to enable comparisons of anonymous responses across individuals and groups in order to understand the different experiences of people with different identities. We believe it is important to ask about these intersecting identities in case individuals from certain groups are having substantively different perceptions and experiences compared to individuals from other groups. Only EDGE High School and affiliates will have access to the survey data. Data will be aggregated and presented so that no individuals will be identifiable from the results that are shared.

Demographics

What is your age?

What is your race? (Select one)*

White/Caucasian
Latino/a/x
Asian
Black or African American
Native American or Alaskan Native
Pacific Islander/Native Hawaiian
Middle Eastern/North African
Multiracial
Prefer Not To Answer
Not Listed

What is your ethnicity? (Select one)*

Hispanic
Non-Hispanic
Prefer Not To Answer
Not Listed

Are you a U.S. Citizen?*

Yes
No
Maybe/Not Sure
Prefer Not To Answer

Who provides most of your financial support?*

Myself
Parent/Legal Guardians
Extended Family (Grandparent(s), Uncle(s)/Aunt(s), Etc.)
Foster Parents
Prefer Not To Answer
Not Listed

To your best knowledge, what is your or your family's annual income? (Select one)*

\$0-\$9,999
\$10,000-\$24,999
\$25,000-\$49,999
\$50,000-\$74,999
\$75,000-\$99,999
\$100,000-\$149,999
\$150,000+
Not Sure/Don't Know
Prefer Not To Answer

How many people live in the household who are supported on the annual income selected in the previous question?*

1
2
3
4
5
6
7
8+
Prefer Not To Answer

Have you ever been in or are currently in foster care? (Select one)*

Yes
No
Prefer Not To Answer

Do you identify as someone with a disability or other chronic condition? (Select one)*

Yes

No

Prefer Not To Answer

Do you have any of the following disabilities or chronic conditions? (Select all that apply)*

Attention deficit

Autism

Blind or visually impaired

Deaf or hard of hearing

Health-related disability

Learning disability

Mental health condition

Mobility-related disability

Speech-related disability

Does Not Apply To Me

Not Listed

Prefer Not To Answer

What is the sex listed on your birth certificate (sex assigned at birth)? (Select one)*

Male

Female

Intersex

Not Listed

Prefer Not To Answer

How do you identify in terms your sexual orientation? (Select one)*

Straight/Heterosexual

Gay

Lesbian

Bisexual

Pansexual

Asexual

Queer

Questioning/Unsure

Not Listed

Prefer Not to Answer

How do you identify in terms your gender identity? (Select one)*

Cisgender (matches sex assigned at birth)
Transgender
Genderqueer / Gender-fluid
Gender Non-Conforming
Nonbinary
Agender
Questioning/Unsure
Not Listed
Prefer Not to Answer

MENTAL HEALTH

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

How would you rate your overall mental health?*

Very Poor
Poor
Okay
Good
Very Good

Have you ever accessed mental health support services?*

Yes
No
May/Unsure
Prefer Not to Answer

If you have ever want to access mental health services, were you successful in accessing them?*

Yes
No
May/Unsure
Prefer Not to Answer

In your lifetime, have you **ever** experienced symptoms of depression?*

Yes
No
Maybe/Unsure
Prefer Not to Answer

In your lifetime, have you **ever** experienced symptoms of anxiety?*

Yes
No
Maybe/Unsure
Prefer Not to Answer

In your lifetime, have you **ever** seriously considered suicide?*

Yes
No
Maybe/Unsure
Prefer Not to Answer

If you answered yes to the previous question, have you seriously considered suicide **in the last year?***

Yes
No
Maybe/Unsure
Prefer Not to Answer

PHYSICAL HEALTH

This section is about physical health, which includes access to health care, physical fitness and related outlets/activities, and nutrition.

Do you have health insurance, either through parents/legal guardians or independently?*

Yes
No
Don't Know/Unsure
Prefer Not to Answer

On the following scale (1=lowest, 5 equals highest), please rate how well you understand health insurance.*

	Very Low Understanding
1	
2	
3	
4	
5	
	Very High Understanding

Do you have a Primary Care Physician (PCP)? *

Yes
No
Don't Know/Unsure
Prefer Not to Answer

If you answered yes to the previous question, how often do you see your Primary Care Physician (PCP)?*

2 or more times per year
1 time per year
Don't Know/Unsure
Prefer Not to Answer

Do you have dental insurance, either through parents/legal guardians or independently?*

Yes
No
Don't Know/Unsure
Prefer Not to Answer

Do you have a Dentist? *

Yes
No
Don't Know/Unsure
Prefer Not to Answer

If you answered yes to the previous question, how often do you see your Dentist?*

2 or more times per year

1 time per year

Don't Know/Unsure

Prefer Not to Answer

On the following scale (1=lowest, 5 equals highest) how would you rate your overall physical fitness?*

Not Good

1

2

3

4

5

Very Good

On average, how many days per week do you get **1 HOUR (60 MINUTES)** of moderate-to-vigorous intensity physical activity?*

1

2

3

4

5

6

7

Prefer Not to Answer

On average, how many days per week do you get **30 MINUTES** of moderate-to-vigorous intensity physical activity?*

1

2

3

4

5

6

7

Prefer Not to Answer

On average, how many hours of sleep do you get per night?*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9+
- Prefer Not to Answer

EMPLOYMENT/EDUCATION

Are you currently employed?*

- Yes
- No
- Prefer Not to Answer

If you are currently employed, how many jobs do you have?*

- 1
- 2
- 3+
- Prefer Not to Answer

If you are currently employed, how many hours per week do you work?*

- 0-10
- 11-20
- 21-30
- 31-40
- 40+
- Prefer Not to Answer

After high school, do you plan to attend a college/university?*

- Yes
- No
- Maybe/Not Sure
- Prefer Not to Answer

What are the biggest reasons that you would choose not attend a college/university after high school?

What is the highest level of education completed by your parent(s)/legal guardians(s)?*

Some High School
High School GED
High School Diploma
Some College
Associate's Degree
Bachelor's Degree
Master's Degree
PhD or Higher
Trade School
Prefer Not to Answer

SUBSTANCE USE

In your lifetime, have you ever had alcohol?*

Yes
No
Prefer Not to Answer

On average, how many alcoholic drinks do you have per week?*

0
1
2
3
4+
Does not apply to me
Prefer Not to Answer

In your lifetime, have you ever used marijuana?*

Yes
No
Prefer Not to Answer

If you answered 'yes' to the previous question, on average, how many days per week do you use marijuana?*

0

1

2

3

4+

Does not apply to me

Prefer Not to Answer

In your lifetime, have you ever injected drugs using a needle (syringe)?*

Yes

No

Prefer Not to Answer

Would you consider yourself dependent on or addicted to a drug/substance **in the past?***

Yes

No

Prefer Not to Answer

If you, a friend, or a family member needed addiction support services, do you know of any local resources that provide this?*

Yes

No

Prefer Not to Answer

VIOLENCE

Have you ever been bullied at school?*

Yes

No

Prefer Not to Answer

Has bullying at school ever affected your academic performance or attendance at school?*

Yes
No
Maybe/Unsure
Prefer Not to Answer

Have you ever experienced racism at school?*

Yes
No
Prefer Not to Answer

Have you ever experienced bullying at school?*

Yes
No
Prefer Not to Answer

Has racism ever affected your academic performance or attendance at school?*

Yes
No
Maybe/Unsure
Prefer Not to Answer

Have you ever experienced homophobia at school?*

Yes
No
Prefer Not to Answer

Has homophobia ever affected your academic performance or attendance at school?*

Yes
No
Maybe/Unsure
Prefer Not to Answer

Have you ever experienced transphobia at school?*

Yes

No

Prefer Not to Answer

Has transphobia ever affected your academic performance or attendance at school?*

Yes

No

Maybe/Unsure

Prefer Not to Answer

Have you ever been the victim of stalking (in-person or online)?*

Yes

No

Prefer Not to Answer

Have you ever experienced emotional abuse in a dating relationship?*

Yes

No

Maybe/Unsure

I have not been in a dating relationship.

Prefer Not to Answer

Have you ever experienced physical abuse in a dating relationship?*

Yes

No

Maybe/Unsure

I have not been in a dating relationship.

Prefer Not to Answer

Have you ever been pressured to do something sexual that you did not want to do?*

Yes

No

Prefer Not to Answer

Have you ever been forced to have sex?*

Yes

No

Prefer Not to Answer

EDGE HIGH SCHOOL RESOURCES

Have you ever received support from the licensed social worker at Edge HS (Lo)?*

Yes
No
Prefer Not to Answer

How helpful would you say having a license social worker on campus has been for you?*

Not Helpful
A Little Helpful
Somewhat Helpful
Very Helpful
Prefer Not to Answer

Have you ever accessed any of the following services offered by EDGE High Schools behavioral health partners? (Select all that apply)*

Pathways
Casa de los Niños
Community Bridges, Inc.
Sonoran Behavioral Health
Prefer Not to Answer

If you have received services from any of the above behavioral health partners above, please describe the quality of services for each you selected.

Overall, do you feel support by EDGE High School staff?*

Yes
No
Prefer Not to Answer

Are there any staff specifically who you feel has supported you as a student at EDGE High School? If so, how/why?

Have school staff (counselors, admin, dean of students) helped you identify and remove barriers to improve your school attendance?*

Yes
No
Maybe/Unsure
Prefer to Not Answer

How would you rate your overall satisfaction with your experience at EDGE High School?*

Very Dissatisfied

1

2

3

4

5

6

7

8

9

10

Very Satisfied