



**TheRPGroup**

Research, Planning & Professional Development  
for California Community Colleges

SM

# CCSS - Campus Climate Survey - 2025 - Student

---

## Page 1: Welcome

Dear Student,

We are inviting you to complete this survey to understand what students' perceptions and experiences are at and the quality and extent of interaction between various groups and individuals at the college. The feedback you provide about your experience at the college will help inform the college's current and future efforts for creating and maintaining a supportive and welcoming campus for all students. This survey will take 10-15 minutes to complete.

**Questions.** If you want more information about this survey, you may contact Dr. Katie Brohawn at [research@rpgroup.org](mailto:research@rpgroup.org)

By clicking "Yes" below, you are agreeing to participate and assert that you are at least 18 years old and that you give us your permission to use your responses in our analyses and reporting, which will not include any personally identifiable information. If you do not want to participate in this survey, you may close it now or click "No" and you will be exited from the survey.

**1) Do you consent that you are at least 18 years of age and agree to willingly participate in this survey? \* (required)**

☐ Yes

☐ No

*\*Those who select 'No' are piped out.*

## Page 2: Your College

**2) As of today, which community college do you attend? *Note: If you attend more than one, please indicate the community college where you take the majority of your classes. All questions in this survey will be asking you about this college.***

- |                                                        |                                                       |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ALLAN HANCOCK COLLEGE         | <input type="checkbox"/> CONTRA COSTA COLLEGE         |
| <input type="checkbox"/> AMERICAN RIVER COLLEGE        | <input type="checkbox"/> COPPER MOUNTAIN COLLEGE      |
| <input type="checkbox"/> ANTELOPE VALLEY COLLEGE       | <input type="checkbox"/> COSUMNES RIVER COLLEGE       |
| <input type="checkbox"/> BAKERSFIELD COLLEGE           | <input type="checkbox"/> CRAFTON HILLS COLLEGE        |
| <input type="checkbox"/> BARSTOW COMMUNITY COLLEGE     | <input type="checkbox"/> CUESTA COLLEGE               |
| <input type="checkbox"/> BERKELEY CITY COLLEGE         | <input type="checkbox"/> CUYAMACA COLLEGE             |
| <input type="checkbox"/> BUTTE COLLEGE                 | <input type="checkbox"/> CYPRESS COLLEGE              |
| <input type="checkbox"/> CABRILLO COLLEGE              | <input type="checkbox"/> DEANZA COLLEGE               |
| <input type="checkbox"/> CALBRIGHT COLLEGE             | <input type="checkbox"/> DIABLO VALLEY COLLEGE        |
| <input type="checkbox"/> CAÑADA COLLEGE                | <input type="checkbox"/> EAST LOS ANGELES COLLEGE     |
| <input type="checkbox"/> CERRITOS COLLEGE              | <input type="checkbox"/> EL CAMINO COLLEGE            |
| <input type="checkbox"/> CERRO COSO COMMUNITY COLLEGE  | <input type="checkbox"/> EVERGREEN VALLEY COLLEGE     |
| <input type="checkbox"/> CHABOT COLLEGE                | <input type="checkbox"/> FEATHER RIVER COLLEGE        |
| <input type="checkbox"/> CHAFFEY COLLEGE               | <input type="checkbox"/> FOLSOM LAKE COLLEGE          |
| <input type="checkbox"/> CITRUS COLLEGE                | <input type="checkbox"/> FOOTHILL COLLEGE             |
| <input type="checkbox"/> CITY COLLEGE OF SAN FRANCISCO | <input type="checkbox"/> FRESNO CITY COLLEGE          |
| <input type="checkbox"/> CLOVIS COMMUNITY COLLEGE      | <input type="checkbox"/> FULLERTON COLLEGE            |
| <input type="checkbox"/> COALINGA COLLEGE              | <input type="checkbox"/> GAVILAN COLLEGE              |
| <input type="checkbox"/> COASTLINE COLLEGE             | <input type="checkbox"/> GLENDALE COMMUNITY COLLEGE   |
| <input type="checkbox"/> COLLEGE OF ALAMEDA            | <input type="checkbox"/> GOLDEN WEST COLLEGE          |
| <input type="checkbox"/> COLLEGE OF MARIN              | <input type="checkbox"/> GROSSMONT COLLEGE            |
| <input type="checkbox"/> COLLEGE OF SAN MATEO          | <input type="checkbox"/> HARTNELL COLLEGE             |
| <input type="checkbox"/> COLLEGE OF THE CANYONS        | <input type="checkbox"/> IMPERIAL VALLEY COLLEGE      |
| <input type="checkbox"/> COLLEGE OF THE DESERT         | <input type="checkbox"/> IRVINE VALLEY COLLEGE        |
| <input type="checkbox"/> COLLEGE OF THE REDWOODS       | <input type="checkbox"/> LAKE TAHOE COMMUNITY COLLEGE |
| <input type="checkbox"/> COLLEGE OF THE SEQUOIAS       | <input type="checkbox"/> LANEY COLLEGE                |
| <input type="checkbox"/> COLLEGE OF THE SISKIYOU       | <input type="checkbox"/> LAS POSITAS COLLEGE          |
| <input type="checkbox"/> COLUMBIA COLLEGE              | <input type="checkbox"/> LASSEN COLLEGE               |
| <input type="checkbox"/> COMPTON COLLEGE               | <input type="checkbox"/> LEMOORE COLLEGE              |

- ☐ LONG BEACH CITY COLLEGE
- ☐ LOS ANGELES CITY COLLEGE
- ☐ LOS ANGELES HARBOR COLLEGE
- ☐ LOS ANGELES ITV
- ☐ LOS ANGELES MISSION COLLEGE
- ☐ LOS ANGELES PIERCE COLLEGE
- ☐ LOS ANGELES SOUTHWEST COLLEGE
- ☐ LOS ANGELES TRADE-TECH COLLEGE
- ☐ LOS ANGELES VALLEY COLLEGE
- ☐ LOS MEDANOS COLLEGE
- ☐ MADERA COMMUNITY COLLEGE
- ☐ MARIN CONTINUING EDUCATION
- ☐ MENDOCINO COLLEGE
- ☐ MERCED COLLEGE
- ☐ MERRITT COLLEGE
- ☐ MIRACOSTA COLLEGE
- ☐ MISSION COLLEGE
- ☐ MODESTO JUNIOR COLLEGE
- ☐ MONTEREY PENINSULA COLLEGE
- ☐ MOORPARK COLLEGE
- ☐ MORENO VALLEY COLLEGE
- ☐ MT SAN ANTONIO COLLEGE
- ☐ MT SAN JACINTO COLLEGE
- ☐ NAPA VALLEY COLLEGE
- ☐ NORTH ORANGE ADULT CONTINUING EDUCATION
- ☐ NORCO COLLEGE
- ☐ OHLONE COLLEGE
- ☐ ORANGE COAST COLLEGE
- ☐ OXNARD COLLEGE
- ☐ PALO VERDE COLLEGE
- ☐ PALOMAR COLLEGE
- ☐ PASADENA CITY COLLEGE
- ☐ PORTERVILLE COLLEGE
- ☐ RANCHO SANTIAGO CED
- ☐ REEDLEY COLLEGE
- ☐ RIO HONDO COLLEGE
- ☐ RIVERSIDE CITY COLLEGE
- ☐ SACRAMENTO CITY COLLEGE
- ☐ SADDLEBACK COLLEGE
- ☐ SAN BERNARDINO VALLEY COLLEGE
- ☐ SAN DIEGO CITY COLLEGE
- ☐ SAN DIEGO COLLEGE OF CONTINUING EDUCATION
- ☐ SAN DIEGO MESA COLLEGE
- ☐ SAN DIEGO MIRAMAR COLLEGE
- ☐ SAN JOAQUIN DELTA COLLEGE
- ☐ SAN JOSE CITY COLLEGE
- ☐ SANTA ANA COLLEGE
- ☐ SANTA BARBARA CITY COLLEGE
- ☐ SANTA MONICA COLLEGE
- ☐ SANTA ROSA JUNIOR COLLEGE
- ☐ SANTIAGO CANYON COLLEGE
- ☐ SHASTA COLLEGE
- ☐ SIERRA COLLEGE
- ☐ SKYLINE COLLEGE
- ☐ SOLANO COMMUNITY COLLEGE
- ☐ SOUTHWESTERN COLLEGE
- ☐ TAFT COLLEGE
- ☐ VENTURA COLLEGE
- ☐ VICTOR VALLEY COLLEGE
- ☐ WEST LOS ANGELES COLLEGE
- ☐ WEST VALLEY COLLEGE
- ☐ WOODLAND COMMUNITY COLLEGE
- ☐ YUBA COLLEGE

**3) In what year did you first attend your college?**

☐ Before 2000

☐ 2001

☐ 2002

☐ 2003

☐ 2004

☐ 2005

☐ 2006

☐ 2007

☐ 2008

☐ 2009

☐ 2010

☐ 2011

☐ 2012

☐ 2013

☐ 2014

☐ 2015

☐ 2016

☐ 2017

☐ 2018

☐ 2019

☐ 2020

☐ 2021

☐ 2022

☐ 2023

☐ 2024

☐ 2025

**4) Please select where you spend the majority of your time at your college.**

☐ In Person (on campus)

☐ In Person (off-campus location)

☐ Online

☐ Other - Write In: \_\_\_\_\_

---

## Page 3: Campus Climate and Belonging

**5) Reflecting on your past year at your college, please mark your agreement level with the following statements.**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not applicable</b>
I feel a sense of belonging at this college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am seen and heard by the college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is enough support to help me focus on my educational goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is enough support to help me keep track of my educational goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am respected by other students at the college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am respected by instructors at the college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am respected by office staff at the college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am respected by counselors/advisors at the college.	( )	( )	( )	( )	( )	( )
College staff want to help me succeed.	( )	( )	( )	( )	( )	( )
Counselors/advisors want to help me succeed.	( )	( )	( )	( )	( )	( )
Instructors care about my success.	( )	( )	( )	( )	( )	( )
My instructors take an interest in me and my life.	( )	( )	( )	( )	( )	( )
My instructors make me feel like we share something in common.	( )	( )	( )	( )	( )	( )

**6) When thinking specifically about your experience at your college in the last year, how true are the following statements about your experiences?**

	<b>Very true</b>	<b>Somewhat true</b>	<b>Not at all true</b>
I have an educational goal and know how to achieve it.	( )	( )	( )
I am focused on trying to achieve my educational goals.	( )	( )	( )
I feel somebody at the college wants and helps me to succeed in my educational goals.	( )	( )	( )
I am actively engaged in class and/or extracurricular activities.	( )	( )	( )
I feel connected and part of the college community.	( )	( )	( )
I feel valued and appreciated at my college.	( )	( )	( )
I feel safe being my authentic self at my college.	( )	( )	( )

**7) I feel like I have the same opportunity as other students at my college to...**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not applicable</b>
Contribute to class discussions	( )	( )	( )	( )	( )	( )
Share experiences and opinions in class	( )	( )	( )	( )	( )	( )
Be considered for leadership positions (student government, committees, etc.)	( )	( )	( )	( )	( )	( )
Access resources and services to support my education (e.g., internships, graduate programs, tutoring)	( )	( )	( )	( )	( )	( )
Access clubs and other extracurricular activities	( )	( )	( )	( )	( )	( )

**8) In my classes at my college, my instructors....**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not applicable</b>
Allow me the opportunity to introduce myself and share about my family and culture	( )	( )	( )	( )	( )	( )
Use course materials (e.g., lectures, books, videos) reflective of my own identity (e.g., race, gender, sexual orientation).	( )	( )	( )	( )	( )	( )
Incorporate different ways of teaching to meet the needs of a variety of learners (e.g., lectures, videos, readings, group discussions).	( )	( )	( )	( )	( )	( )
Provide flexibility in assignments and grading to meet my needs and challenges as a student (e.g., accept late work, provide feedback on assignments, utilize multiple formats for tests and quizzes).	( )	( )	( )	( )	( )	( )
Recognize students' diverse needs and experiences and provide adequate accommodations for those needs (e.g., undocumented students, students with children, students with health issues)	( )	( )	( )	( )	( )	( )
Direct me to resources that have helped me perform better in class (e.g., food resources, tutoring, counseling, mental health support).	( )	( )	( )	( )	( )	( )



**9) Please share your level of agreement with the following statements about your experiences at your college...**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Not applicable</b>
My college is welcoming and supportive of students from every background.	( )	( )	( )	( )	( )	( )
Equity is a priority for the college.	( )	( )	( )	( )	( )	( )

**10) I see myself represented at my college by the faculty and staff who have the same...**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
Racial or ethnic background as my own	( )	( )	( )	( )	( )	( )
Religious background as my own	( )	( )	( )	( )	( )	( )
Sexual orientation as my own	( )	( )	( )	( )	( )	( )
Gender identity as my own	( )	( )	( )	( )	( )	( )
Abilities (physical or learning) as my own	( )	( )	( )	( )	( )	( )

**11) My college provides programs and/or resources that support the educational goals of students who have the same...**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
Racial or ethnic background as my own	( )	( )	( )	( )	( )	( )
Religious background as my own	( )	( )	( )	( )	( )	( )
Sexual orientation as my own	( )	( )	( )	( )	( )	( )
Gender identity as my own	( )	( )	( )	( )	( )	( )
Abilities (physical or learning) as my own	( )	( )	( )	( )	( )	( )

12) At my college, I am able to interact with students who have...

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
Racial or ethnic backgrounds different from my own	( )	( )	( )	( )	( )	( )
Religious backgrounds different from my own	( )	( )	( )	( )	( )	( )
Sexual orientations different from my own	( )	( )	( )	( )	( )	( )
Gender identities different from my own	( )	( )	( )	( )	( )	( )
Abilities (physical or learning) different from my own	( )	( )	( )	( )	( )	( )

---

## Page 4: Safety, Racism, and Racial Tension

13) In general, how safe do you feel in the following locations on campus?

	Very safe	Somewhat safe	Somewhat unsafe	Very unsafe	Not applicable
On campus when it is light out	( )	( )	( )	( )	( )
On campus when it is dark out	( )	( )	( )	( )	( )
In the restrooms on campus	( )	( )	( )	( )	( )
In the parking lots on campus	( )	( )	( )	( )	( )
In classrooms	( )	( )	( )	( )	( )

\*\*\*Q14 is only for students who indicate feeling not to safe or not at all safe somewhere

14) On the previous question, you indicated a safety concern. Please use this space if you'd like to share more detail about this concern here. *Note.* If your response is campus- or location-specific, please specify the location you are referring to.

---

---

---

---

**15) Please share your level of agreement with the following statement...**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not applicable</b>
I feel racial tension at my college.	( )	( )	( )	( )	( )	( )

*Q16 only shown to those who select Agree or Strongly Agree to Q15. I feel racial tension at my college*

**16) Please share how feelings of racial tension at your college have affected you. (Mark all that apply)**

☐ Decreased my personal motivation

☐ Negatively affected my academic performance/grades

☐ Negatively affected my physical health

☐ Negatively affected my emotional well-being

☐ Caused frustration and/or anger

☐ Caused feelings of loneliness and isolation

☐ Racial environment has not affected me

☐ Other ways not described above (please share how it has affected you at the college): \_\_\_\_\_

---

## Page 5: Racism, Discrimination, and Microaggressions

**This page asks about experiences you may have had or witnessed related to racism, discrimination, and microaggressions. For examples of these types of events, some questions will allow you to hover over the text that says ‘see more’ to see an example.**

**17) Have you personally experienced or observed any of the following race-based incidents at your college? (Mark all that apply)**

- ☐ Physical aggression/assault (e.g., had an object thrown at you)
- ☐ Verbal attack (e.g., being called a racially offensive name)
- ☐ Racist signs, symbols, or graffiti (e.g., flags, banners, clothing)
- ☐ An event with a racially offensive theme
- ☐ None of the above
- ☐ Other - Write In: \_\_\_\_\_

*Questions 18 – 20 are only shown if the participant answers ‘Yes’ to any of Q17's options*

**18) Where did the race-based incident(s) take place at the college? (Mark all that apply)**

- ☐ Classroom
- ☐ Instructor’s office
- ☐ Counseling office
- ☐ Student services office
- ☐ Indoor common area (e.g., hallway, lounge, cafeteria)
- ☐ Outdoor common area or parking lot
- ☐ Zoom or remote meeting space
- ☐ Other - please specify: \_\_\_\_\_

**19) Who committed the offense(s)? (Mark all that apply)**

☐ Another student(s)

☐ Instructor

☐ Counselor

☐ Staff

☐ Not sure

☐ Other - Write In: \_\_\_\_\_

**20) How did the race-based incident(s) affect you?**

☐ Increased my personal motivation or activism to make change

☐ Negatively affected academic performance/grades

☐ Negatively affected my physical health

☐ Negatively affected my emotional well-being

☐ Created feelings of frustration and/or anger

☐ Created feelings of loneliness, lack of belonging, and/or isolation

☐ I did not experience any after-effects

☐ Other - Write In: \_\_\_\_\_

**21) Discrimination is defined as the unjust or prejudicial treatment of different categories of people based on their identity.**

**Have you personally experienced or witnessed discrimination at your college based on the following characteristics? (Mark all that apply)**

	<b>Personally Experienced</b>	<b>Witnessed</b>	<b>Neither</b>
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language proficiency/accent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender identity/expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military/veteran status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National origin/citizen status/immigration status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental/guardian status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical or learning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**22) Microaggressions are a specific type of discrimination that is usually indirect or unintentional.**

**Have you personally experienced or witnessed any of the following types of microaggressions at your college? (Hover over “see more” for examples).**

	<b>Personally experienced</b>	<b>Witnessed</b>	<b>Neither</b>
People assuming you would not be as intelligent based on your identity ( <a href="#">see more</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal or nonverbal attacks meant to hurt you ( <a href="#">see more</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications that exclude, negate, or nullify your thoughts, feelings, or reality ( <a href="#">see more</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People assuming you were dangerous, criminal, or deviant based on your identity ( <a href="#">see more</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People assuming things about your character based on your identity ( <a href="#">see more</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having someone else be given preferential treatment over you because of your identity ( <a href="#">see more</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Q23 - 26 only shown to those who indicate personally experiencing or witnessing microaggressions in Q22*

**23) Regarding the discrimination or microaggression(s) you experienced or witnessed, please mark what you believe was the basis for what occurred. (Mark all that apply)**

- |                                                                            |                                                        |
|----------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Age                                               | <input type="checkbox"/> Physical or learning ability  |
| <input type="checkbox"/> English language proficiency/accent               | <input type="checkbox"/> Political orientation         |
| <input type="checkbox"/> Gender identity/expression                        | <input type="checkbox"/> Race/ethnicity                |
| <input type="checkbox"/> Income status                                     | <input type="checkbox"/> Sexual orientation            |
| <input type="checkbox"/> Military/veteran status                           | <input type="checkbox"/> Other - please specify: _____ |
| <input type="checkbox"/> National origin/citizen status/immigration status | <input type="checkbox"/> Other - please specify: _____ |
| <input type="checkbox"/> Parental/guardian status                          | <input type="checkbox"/> Other - please specify: _____ |

**24) Where did the discrimination and/or microaggression(s) that you experienced or witnessed take place? (Mark all that apply)**

- ☐ Classroom
- ☐ Instructor's office
- ☐ Counseling office
- ☐ Student services office
- ☐ Indoor common area (e.g., hallway, lounge, cafeteria)
- ☐ Outdoor common area or parking lot
- ☐ Zoom or remote meeting space
- ☐ Other - please specify: \_\_\_\_\_

**25) Who committed the discrimination and/or microaggression(s) that you experienced or witnessed? (Mark all that apply)**

- ☐ Another student(s)
- ☐ Instructor
- ☐ Counselor
- ☐ Staff
- ☐ Not sure
- ☐ Other - Please Specify: \_\_\_\_\_

**26) How did the discrimination and/or microaggression(s) that you experienced or witnessed affect you? (Mark all that apply)**

- ☐ Increased my personal motivation or activism to make change
- ☐ Negatively affected academic performance/grades
- ☐ Negatively affected my physical health
- ☐ Negatively affected my emotional well-being
- ☐ Created feelings of frustration and/or anger
- ☐ Created feelings of loneliness, not belonging, and/or isolation
- ☐ I did not experience any after-effects
- ☐ Other - Write In: \_\_\_\_\_

---

## Page 6: Campus Climate Feedback

**27) All in all, how would you rate the campus climate at your college?**

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Neither positive or negative
- ☐ Somewhat negative
- ☐ Very negative
- ☐ Not Sure

**28) Would you recommend the college to a prospective student?**

- ☐ Yes
- ☐ No

**29) What are one or two positive things about your college's campus climate?**

---

---

---

---

**30) What are one or two aspects of the campus climate that your college should work on?**

---

---

---

---

## Page 7: Demographics

To help us understand how students from various backgrounds experience college, the following characteristics are collected.

**31) Please mark the race/ethnicity with which you identify. (Mark all that apply). In each option, there is a textbox where you can provide more detail on your background.**

- ☐ African/African American/Black: \_\_\_\_\_
- ☐ American Indian or Alaskan Native: \_\_\_\_\_
- ☐ Asian: \_\_\_\_\_
- ☐ Latine/Hispanic: \_\_\_\_\_
- ☐ Middle Eastern, Arab, or Arab American: \_\_\_\_\_
- ☐ Native Hawaiian or Pacific Islander: \_\_\_\_\_
- ☐ White: \_\_\_\_\_
- ☐ Not listed (please specify): \_\_\_\_\_
- ☐ Unknown

**32) Which of the options best describes your gender and sex? Check all that apply.**

- |                                                                      |                                                                   |
|----------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Agender                                     | <input type="checkbox"/> Man                                      |
| <input type="checkbox"/> Androgyne                                   | <input type="checkbox"/> Non-binary                               |
| <input type="checkbox"/> Demigender                                  | <input type="checkbox"/> Two-Spirit                               |
| <input type="checkbox"/> Endosex ( <a href="#">see definition</a> )  | <input type="checkbox"/> Woman                                    |
| <input type="checkbox"/> Genderfluid                                 | <input type="checkbox"/> I use a different term [Write-in]: _____ |
| <input type="checkbox"/> Genderqueer                                 | <input type="checkbox"/> Prefer not to share                      |
| <input type="checkbox"/> Intersex ( <a href="#">see definition</a> ) |                                                                   |

**33) Do you identify as transgender?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to disclose

**34) How do you describe your sexual orientation? Check all that apply.**

- |                                     |                                                                   |
|-------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Asexual    | <input type="checkbox"/> Queer                                    |
| <input type="checkbox"/> Bisexual   | <input type="checkbox"/> Same-gender loving                       |
| <input type="checkbox"/> Gay        | <input type="checkbox"/> Straight                                 |
| <input type="checkbox"/> Homosexual | <input type="checkbox"/> I use a different term [Write-in]: _____ |
| <input type="checkbox"/> Lesbian    | <input type="checkbox"/> No label                                 |
| <input type="checkbox"/> Pansexual  | <input type="checkbox"/> Prefer not to share                      |

**35) Please tell us your age**

\_\_\_\_\_

**36) Do you have dependents? (individuals for whom you are responsible for supporting financially and/or providing care)**

- ☐ Yes  
☐ No  
☐ Prefer not to disclose

*(Q37 and 38 only shown to those who say Yes to Q36)*

**37) What are the ages of your dependent(s)? (Mark all that apply)**

- ☐ 0-5  
☐ 6-17  
☐ 18-25  
☐ 26-39  
☐ 40 or older  
☐ Prefer not to disclose

**38) Do you consider yourself to be a single parent?**

- ☐ Yes  
☐ No  
☐ Prefer not to disclose

**39) Are you currently employed?**

- ☐ Yes, part time
- ☐ Yes, full time
- ☐ No
- ☐ Prefer not to disclose

**40) Are you currently receiving student financial aid to support your education?**

- ☐ Yes
- ☐ No
- ☐ Prefer not to disclose

*(Q41 Only shown to those who say yes to prior question)*

**41) Which forms of financial assistance support your education? (Mark all that apply)**

- ☐ Pell Grant
- ☐ Cal Grant
- ☐ California Promise Grant
- ☐ Federal Loans
- ☐ Local College/District Grant
- ☐ Other - please specify: \_\_\_\_\_
- ☐ Prefer not to disclose

**42) What is your average annual family/household income?**

- ☐ \$0-\$19,999
- ☐ \$20,000-\$39,999
- ☐ \$40,000-\$59,000
- ☐ \$60,000-\$79,999
- ☐ \$80,000+
- ☐ Prefer not to disclose

**43) Do you have a disability?**

☐ Yes

☐ No

☐ Prefer not to disclose

*(Q44 only shown to those who say yes to having a disability)*

**44) Which of the following types of disabilities do you have? (Mark all that apply)**

☐ Physical

☐ Learning

☐ Mental/Emotional

☐ Other - please specify: \_\_\_\_\_

**45) Have you served, retired from, or are you active in the military?**

☐ Yes

☐ No

**46) Have you ever been in the foster care system?**

☐ Yes

☐ No

**47) Have you been incarcerated in a juvenile or adult facility, or been on house arrest or probation?**

☐ Yes

☐ No

**48) What is your current enrollment status?**

☐ Full time (12 units or more)

☐ Part time (Less than 12 units)

☐ I am only taking non-credit classes

**49) How many classes are you currently enrolled in?**

☐ 1 class

☐ 2 classes

☐ 3 classes

☐ 4 or more classes



**50) What is your current educational goal? (Mark all that apply)**

☐ Complete credit for high school diploma or GED

☐ Advance in current job/career (update job skills)

☐ Associate degree

☐ Certificate

☐ Discover career interests, plans, or goals

☐ Educational development (e.g., intellectual, cultural)

☐ Improve basic skills in English, reading, or math

☐ Maintain certificate of license (e.g., Nursing)

☐ Move from non-credit to credit

☐ Personal enrichment

☐ Prepare for a new career (acquire job skills)

☐ Transfer

☐ Undecided

☐ Other - please specify: \_\_\_\_\_

**51) What is your major?**

☐ Arts and Humanities (e.g., English, art history, drama/theater, graphic design)

☐ Business (e.g., marketing, accounting)

☐ Communications (e.g., journalism)

☐ Computer and Information Technology (e.g., computer science, networking)

☐ Education (e.g., teaching, child development)

☐ Healthcare/Health Sciences (e.g., nursing, pre-med, dental hygiene)

☐ Science, Math, and Engineering (e.g., biology, physics, bioengineering)

☐ Social Science and Human Services (e.g., psychology, sociology, political science, history)

☐ Undecided

☐ Other - Write In: \_\_\_\_\_

---

## Page 8: How can we help?

*(Only shown for colleges agreeing to conduct this follow-up with their students)*

**52) Would you like information from your college about any of the following resources? (Mark all that apply)**

- ☐ Financial assistance
- ☐ Transportation services
- ☐ Food assistance
- ☐ Housing assistance
- ☐ Books and supplies
- ☐ Internet access support
- ☐ Access to technology and equipment (e.g., laptop)
- ☐ Learning assistance (e.g., tutoring, computer skills)
- ☐ Learning accommodations (e.g., testing, readers, notetakers)
- ☐ Mental health services
- ☐ Child care services
- ☐ Other - Write In: \_\_\_\_\_

*(Qs 53-56 only shown to those who select any of the boxes in Q52)*

**53) Would you like for someone at the college to contact you about these resources and services or any other assistance? *Note:* If you answer Yes, your contact information will be shared with someone at the college, however, your survey responses will not be shared.**

- ☐ Yes
- ☐ No

**54) Please use the following box to share your name.** \_\_\_\_\_

**55) Please use the following box to share your email address.** \_\_\_\_\_

**56) Please use the following box to share your phone number.** \_\_\_\_\_

**57) You have the option of providing your student ID number. Doing so will allow your college to better explore patterns between students' survey responses and their longer-term outcomes. If you prefer to remain anonymous, please leave this question blank.**

**College Student ID number (Please be sure to share your full ID, including any and all leading zeros and/or letters):** \_\_\_\_\_

---

**Page 9: Thank You!**