

WELCOME TO THE MEASURING AND IMPROVING STUDENT-CENTERED LEARNING TOOLKIT STUDENT SURVEY!

What is the purpose of this survey?

This survey is part of a tool called the Measuring and Improving Student-Centered Learning (MISCL) Toolkit. The Toolkit includes a suite of instruments developed by RAND Corporation in partnership with the Nellie Mae Education Foundation. This survey asks questions about the extent to which your learning experiences are student-centered, your opinions about how students learn in your school, and how challenging your schoolwork is. Results from this survey will be used alongside surveys of educators to provide a snapshot of student-centered learning (SCL) opportunities in high school. You may be asked to participate in your school/district's efforts to improve SCL based on the survey results.

This is *not* a test. There are *no right or wrong* answers. Please give your honest opinions about your learning experiences.

How long will the survey take?

This survey takes 20-30 minutes to complete.

How is “student-centered learning” defined for this survey?

Student-centered learning (SCL) is defined by different strategies or practices. This survey focuses on a set of such strategies. For this survey, SCL is defined as follows:

- Learning is personalized to align with students' needs, interests, and pace.
- Learning is challenging, engaging, and meets students where they are in a competency-based framework.
- Learning happens anytime, anywhere.
- Learning opportunities promote student agency and ownership.
- Learning is informed by data.

These strategies are not the only way to define and think about student-centered learning. Some of these practices may be used in your classes and some may not be, and that's OK.

How will the results be used?

Your answers will be kept confidential, and your individual responses will not be connected with you. Any reports that summarize survey responses will be combined across individuals.

Do I have to participate?

This survey is voluntary. You do not have to respond to the survey, and you do not have to respond to every item. This is your chance to share your thoughts on how students learn—don't pass it up! Thank you for your help.

To take the survey, please continue to the next page.

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All questions refer to what has occurred since the start of the current school year.

Part 1. Personalization of Learning

1. How many high school classes are you taking this year? Please include your academic classes (e.g., mathematics, social studies) as well as electives (e.g., music, gym). Include any AP classes but do not include college classes taken online or in-person. You don't need to list your classes. Just write the number of classes you are taking

2. Think about all the classes you have taken, or are currently taking, this year. Estimate the number of classes in which you typically make the following types of choices.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|--|--------------------------|--------------------------|---|-------------------------------|------------------------------------|
| a) I choose how I learn content (such as group work, independent work, online research) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I choose which topics or skills I focus on in my classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I choose the order in which I complete activities and assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I make choices based on my interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I make choices based on my individual learning needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I choose how to show what I have learned (for example, through projects, presentations, performances, or models as well as traditional tests or papers) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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3. Think about all the classes you have taken, or are currently taking, this year. Estimate the number of classes in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|--|--------------------------|--------------------------|---|-------------------------------|------------------------------------|
| a) The activities and assignments I work on are tailored to my learning needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) The activities and assignments I work on are tailored to my personal interests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) The topics I work on focus on things I haven't learned yet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I work on different topics than other students in my class are working on | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I work on the same topics but different activities and assignments than other students in my class are working on | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I work with my instructors to figure out what I need learn throughout the year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Mark the response that best fits your typical experience.

Select one response in each row.

| | No | Yes, in some or a few classes | Yes, in most classes | Yes, in all or almost all classes | I don't know |
|--|--------------------------|----------------------------------|--------------------------|--------------------------------------|--------------------------|
| a) I can skip some required classes if I show I have learned the material (e.g. if I can demonstrate knowledge and skills for Algebra I, I do not need to take the course) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I can skip some activities or assignments if I can show I've learned the material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I can receive credit for classes at any point in the year if I can show I've learned the material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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5. Mark the response that best fits your typical experience.

In each row, choose all that apply.

| | I don't do this | I do this on my own | My instructors | Other school staff (e.g., counselor) | My family |
|--|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------------------|
| a) Who helps you plan your goals for after high school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Who helps you figure out how to meet your goals for after high school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Who helps you plan the learning experiences you should have throughout high school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Think about all the classes you have taken, or are currently taking, this year. Estimate the number of classes in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|---|--------------------------|--------------------------|---|----------------------------|---------------------------------|
| a) I use a variety of learning materials (such as books or computer software) to accommodate my needs, interests, and learning pace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) In a single class period, I have opportunities to learn in different ways, such as listening to the instructor present to the whole class, working in small groups, or working independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) If I don't understand something the first time, I can learn the same material in a different way | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) If I don't understand something, other students in the class help me learn it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) My instructors teach in a way that makes it easy for me to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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7. The following questions ask about how you demonstrate what you have learned. Estimate the number of classes in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|--|--------------------------|--------------------------|---|-------------------------------|------------------------------------|
| a) My instructor and I decide together how I will demonstrate that I have learned the material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I take assessments at different times than my classmates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) To show that I am ready to move on to the next topic, I must demonstrate my learning in more than one way | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) My instructors provide different ways for me to demonstrate that I have learned the material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) When I am not on track to meet the requirements for, or pass, a class, I get extra help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) When I do poorly on assignments or assessments, I can demonstrate what I have learned with a different type of assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) If I do poorly on an assignment or assessment on the first try, I can try again later without my score or grade being lowered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) If I do poorly on an assignment or assessment I get extra help before I try again | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) My instructor gives me specific suggestions for how I can improve my work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. The questions you just answered in this section were about personalized learning, including what choices you have in the classroom and what options you have for the courses and tests you take and when you take them.

Thinking about the questions we asked you about personalized learning, please indicate your agreement with the following statement:

| | Strongly disagree | Disagree somewhat | Agree somewhat | Strongly agree | Unsure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Instruction in my classes is personalized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2. Learning Standards and Competencies

9. Think about all the classes you have taken, or are taking, this year. Estimate the number of classes in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|--|--------------------------|--------------------------|---|-------------------------------|------------------------------------|
| a) My instructors give me a clear list of topics and skills I am supposed to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I know at the beginning of the course what knowledge and skills I will need to demonstrate on assessments (e.g., tests, projects, portfolios) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. The following questions ask about how you demonstrate what you have learned in your classes. Indicate how true each of these statements are across all the classes you have taken, or are taking, this year.

Select one response in each row.

| | Not true | Rarely true | Sometimes true | Often true | Always true |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) As soon as I have learned a skill or topic, I can show my instructor that I have learned it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I am able to skip some topics or assignments if I can show I know the material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) My instructor gives tests or assessments at the beginning of a unit to see how much I already know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I can demonstrate that I have learned the material at a different time than other students in my class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I receive additional supports to help me catch up to or keep the same learning pace as other students in my classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Indicate how true each of these statements are across all the classes you have taken, or are taking, this year.

Select one response in each row.

| | Not true | Rarely true | Sometimes true | Often true | Always true |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) I progress to the next unit at the same time as my classmates, regardless of whether I have mastered all the material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My instructors require me to get through a certain amount of material even if I am working at my own pace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) My instructors require that I complete every activity and assignment even if I already know the material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Estimate the number of classes you have taken, or are taking, this year in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|---|--------------------------|--------------------------|---|----------------------------|---------------------------------|
| a) My classes really make me think | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) The topics I'm studying are interesting and challenging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) The activities and assignments I work on are challenging, but not so difficult I can't complete them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I am able to work on activities and assignments that fit my learning needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) My instructors have high expectations for my behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) My instructors have high expectations for my academic performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

13. The questions you answered in this section were about competency-based learning in the classes you take, including whether you can work at your own pace, how challenging your assignments are, and opportunities for you to demonstrate mastery when you are ready.

Thinking about the questions we asked you about competency-based learning, please indicate your agreement with the following statement:

| | Strongly disagree | Disagree somewhat | Agree somewhat | Strongly agree | Unsure |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| My classes are competency-based | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Part 3. Anytime, Anywhere Learning

14. During this school year, have you...?

Select one response in each row.

| | Did not participate | Participated but did not receive school credit | Participated and received school credit |
|---|--------------------------|--|---|
| a) Participated in a community service project, volunteer activity, or service learning project | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Taken classes at another high school, either online or in-person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Taken college classes, either online or in-person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Taken other online classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Participated in learning experiences or classes at a community organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Held a job or internship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Participated in college visits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Participated in a mentoring program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Participated in field trips and other experiences that connect what you are learning in school to real life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Worked on an independent study (e.g., writing a play or building a website) or a project you designed yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Participated in a project outside of school that combined things you learned in multiple classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

15. When you are not in school, do you...?

Select one response in each row.

| | I do this... | | | |
|---|--------------------------|----------------------------------|-----------------------------|--------------------------|
| | Never | Sometimes (1-3 times a month) | Often (1-3 times a week) | Daily or almost daily |
| a) Work on schoolwork (including homework, projects, or unfinished classwork) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Practice concepts or skills you learned in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Learn concepts or skills that are different from what you learn in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. Estimate the number of classes you have taken, or are taking, this year in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|--|--------------------------|--------------------------|---|----------------------------|---------------------------------|
| a) I connect what I learn outside of school (e.g., in an internship, college course, at home) with what I learn in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I use things I learned outside of school to complete assignments for school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I find information for a project from sources outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I get course credit for learning I do outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I develop real-world products (i.e., for real-world audiences and purposes) that are valued by people outside of the classroom (e.g., writing a letter to congress, prototyping an exhibit for a local museum, developing a resume for a job) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I apply what I learn in school to my life outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I discuss how someone could use something I learned in school in a real job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I connect what I am learning to life outside the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. The questions you answered in this section were about anytime, anywhere learning, including the types of learning opportunities you have and whether your class assignments are meaningful and connected with the real-world.

Thinking about the questions we asked you about anytime, anywhere learning, please indicate your agreement with the following statement:

| | Strongly disagree | Disagree somewhat | Agree somewhat | Strongly agree | Unsure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| My courses provide opportunities for anytime, anywhere learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Part 4. Student Agency and Ownership

18. Estimate the number of classes you have taken, or are taking, this year in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|---|--------------------------|--------------------------|---|-------------------------------|------------------------------------|
| a) My instructors show or explain strategies I can use to help me learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My instructors encourage me to ask other students for help before asking for help from my instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) My instructors show or explain strategies I can use to work successfully in a group with other students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) My instructors encourage me to connect what I am learning to prior knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I collaborate with other students when doing so will help me learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) My instructors show or explain strategies students can use to complete all assignments and assessments on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) My instructors expect me to explain how I arrived at my answer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) I ask questions when I don't understand the material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) My instructors teach me to advocate for the support I need at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) During discussions and group work, I question other students and ask them to explain their thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Other students give me feedback intended to help me improve my work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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19. Estimate the number of classes you have taken, or are taking, this year in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|--|--------------------------|--------------------------|---|-------------------------------|------------------------------------|
| a) I keep trying even if something is hard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I know strategies I can use to help me get my schoolwork done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I am eager to participate in my classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I am excited about going to my classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I talk about ideas from my classes when I am not in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I have opportunities to contribute to decisions that affect other students (e.g., a grading policy) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I provide input about what, how, when, and where I want to learn | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) When I make choices about what, how, when, and where I want to learn, I am confident I am making the right choice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) I work with my instructors to create and modify my personal learning plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) When I have trouble completing an assignment or activity, I know how to get help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. Estimate the number of your classes this year in which this is your typical experience.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|---|--------------------------|--------------------------|---|-------------------------------|------------------------------------|
| a) If I am not satisfied with my score on an assessment, my instructors help me figure out how I can still do well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My instructors encourage me to take responsibility for my work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) When I have trouble learning something new, my instructors give me advice and strategies that help me to keep trying | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) My instructors show or explain strategies I can use to clearly communicate my ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) My instructors show or explain strategies I can use to help me manage stress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. This question asks about your study habits. Thinking across all your classes, mark the response that best indicates how often you do each of these things.

Select one response in each row.

| | Never or hardly ever | Sometimes (1-3 times a month) | Often (1-3 times a week) | Daily or almost daily |
|---|--------------------------|----------------------------------|-----------------------------|--------------------------|
| a) Before I begin working on an assignment I think about the things I will need to do to complete that assignment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I use what I have learned from previous assignments and what I have learned in school to do new assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) When I am studying a topic, I try to make everything fit together | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) When I'm learning something new, I try to connect the things I'm learning about with what I already know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. The questions you answered in this section were about your agency and ownership of your own learning and how your school and teachers support you to do that by giving you opportunities to learn strategies like collaboration and communication.

Thinking about the questions we asked you about anytime, anywhere learning, please indicate your agreement with the following statement:

| | Strongly disagree | Disagree somewhat | Agree somewhat | Strongly agree | Unsure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I exercise agency and ownership over my learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 5. Data Use

23. This question asks about keeping track of your progress in your classes. Indicate your level of agreement with each of these statements across all the classes you have taken, or are taking, this year.

Select one response in each row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) I check my grades and/or progress on my assignments at least a few times a year (for example, using an online gradebook or portfolio) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I check my grades and/or progress on my assignments in school whenever I want, without asking an instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I am expected to keep track of my progress at least a few times a year (e.g., by using an online gradebook or portfolio) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I check my grades and/or progress on my assignments in school frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. This question is about keeping track of your progress in school. How often do you...?

Select one response in each row.

| | Never or hardly ever | Once or twice a year | 3-4 times a year | More than 4 times a year |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Check my grades and/or progress on my assignments to make sure I am on track to graduate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Discuss your learning progress with your instructors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Discuss your learning progress with other school staff such as the counselor or principal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Discuss your learning progress with your family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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25. Think about how you keep track of your progress in all of the classes you have taken, or are taking, this year. Estimate the number of your classes in which your instructors...

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|---|--------------------------|--------------------------|---|-------------------------------|------------------------------------|
| a) Show or explain strategies you can use to keep track of your learning progress in school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Help you plan to meet your personal goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Expect you to review your own assignments to see where you need to improve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

26. The questions you answered in this section were about how you use data about your performance to keep track of your progress in school.

Thinking about the questions we asked you about your use of data, please indicate your agreement with the following statement:

| | Strongly disagree | Disagree somewhat | Agree somewhat | Strongly agree | Unsure |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I regularly use data about my learning to keep track of my progress in school and set goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 6. Contextual Conditions Supporting SCL

The questions in this section are about conditions in your school and district that may support student-centered learning or that are possible obstacles to student-centered learning.

27. Please indicate how much you agree with each of the following statements.

Select one response in each row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) My opinions are respected in this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If students express concerns to their instructors about their classes, instructors are responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) If students express concerns to school administrators about this school, administrators are responsive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Students are seen and treated as leaders by adults in this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I have access to technology (such as a computer, tablet, or smartphone) outside of school whenever I need them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I have access to technology (such as a computer, tablet, or smartphone) during school whenever I need them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I have reliable access to the Internet during school whenever I need it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) It is easy for me to access my school materials and assignments online | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

28. Please indicate how much you agree with each of the following statements.

Select one response in each row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) I can go to at least one instructor with things that I need to talk about | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Most of my instructors care about how I'm doing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I feel safe in this school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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29. Estimate the number of classes you have taken, or are taking, this year in which you typically have these experiences.

Select one response in each row.

| | None of my classes | A few of my classes | Some of my classes (but less than half) | Half or more of my classes | All or almost all of my classes |
|--|--------------------------|--------------------------|---|----------------------------|---------------------------------|
| a) The feedback that I receive on my schoolwork helps me understand how to improve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) I receive helpful comments to let me know what I did wrong on assignments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) If I have trouble understanding material when I'm working on my own, I am able to obtain help quickly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) My instructors don't let me give up when the work gets hard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I receive the help I need to complete the most challenging schoolwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. How much do you agree with the following statements about your high school?

Select one response in each row.

| | Strongly disagree | Disagree | Agree | Strongly agree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Instructors make sure that all students are planning for life after graduation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My instructors give me individual attention when I need it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) All students are encouraged to go to college | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Instructors pay attention to the top students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Instructors pay attention to the students who need the most help | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Instructors pay attention to all students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Contextual Conditions
Supporting SCL**Part 7. About You****31. What is your current grade level?***Select one option.*

- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ My school does not use grade levels

32. If you answered “My school does not use grade levels,” for how many years have you been in high school?*Select one option.*

- ☐ This is my first year in high school
- ☐ This is my second year in high school
- ☐ This is my third year in high school
- ☐ This is my fourth year in high school
- ☐ I have been in high school for five or more years

33. What best describes your race/ethnicity?*Select all that apply.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latinx
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to say
- ☐ Other, please specify _____

34. With which gender do you identify?*Select one option.*

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Prefer to self-describe, please describe _____

Thank you for taking the survey!