

The College of Westchester
Campus Climate Survey for Students

I. Demographic

- a. Race and Ethnicity
 - i. Are you Hispanic or Latino?
 - Yes
 - No
 - ii. Please select one or more races to describe yourself:
 - American Indian or Alaska Native
 - Asian
 - African
 - Native Hawaiian or Other Pacific Islander
 - European
- b. Age
 - Under 18
 - 18-24
 - 25-31
 - 32-38
 - 39-44
 - 45-52
 - 53-64
 - 65 and over
- c. Student Status
 - Adult (evening) · Day · Online
- d. Degree Seeking
 - Associate's · Bachelor's
- e. Length of Enrollment
 - First semester/term
 - Second semester/term
 - I have completed more than two semesters/terms

II. Self-Identification

- a. Broad Self-Identification as LGBT

Do you consider yourself a member of the Lesbian, Gay, Bisexual and/or Transgender (LGBT) community?

 - Yes
 - No
 - No, but I identify as an Ally (supportive of LGBT people)
 - Prefer not to say

Gender and Transgender Status

- b. What is your gender?
 - Female
 - Non-binary/ third gender
 - Other
 - Male
 - Prefer not to say
- c. Gender and Transgender
Do you identify as transgender?
 - Yes
 - No
 - Prefer not to say
- d. Sexual Orientation
 - Straight/Heterosexual
 - Bisexual
 - Other
 - Gay or Lesbian
 - Prefer not to say

III. Perceptions of Climate

- a. CW is a welcoming place to attend class based on a person's:
Choose as many as you like
 - Age
 - Disability status
 - Educational credentials (M.S., Ph.D., etc.)
 - English language proficiency/accents
 - Ethnicity
 - Gender/Gender identity
 - Immigrant/citizen status
 - Marital status (e.g., single, married, partnered)
 - Military/veteran status
 - Philosophical views
 - Physical characteristics (e.g., obesity, tattoos, etc.)
 - Political views
 - Racial identity
 - Religious/spiritual views
 - Sexual identity
 - Socioeconomic status

IV. Observations

- a. *Within the past year*, have you **observed** any behavior or communications directed toward a person or group of people at CW that you believe has created an exclusionary (e.g., shunned, ignored), intimidating, offensive and/or hostile (bullied, harassing) working or learning environment?
 - Yes
 - No

b. Who were the **targets** of this behavior?

Choose as many as you like

- Faculty
- Staff
- Student(s)

c. Who was the **source** of this behavior?

Choose as many as you like

- Faculty
- Staff
- Student(s)

d. What forms of behavior have you observed or personally been made aware of?

(Mark all that apply)

Choose as many as you like

- Assumption that someone was admitted/hired/promoted based on his/her identity group
- Assumption that someone was not admitted/hired/promoted based on his/her identity group
- Deliberately ignored or excluded
- Derogatory remarks
- Derogatory/unsolicited e-mails, text messages, Facebook posts, Twitter posts, etc.
- Derogatory written comments
- Derogatory phone calls
- Feared for their physical safety
- Feared for their family's safety
- Graffiti/vandalism (e.g., event advertisements removed or defaced)
- Intimidated/bullied
- Person felt isolated or left out
- Person singled out as the as the spokesperson for their identity group
- Racial/ethnic profiling
- Receipt of a low performance evaluation
- Receipt of a poor grade because of a hostile classroom environment
- Physical violence
- Threats of physical violence
- Victim of a crime
- Other

V. Experiences

a. *Within the past year*, have you **personally experienced** any exclusionary (e.g., shunned, ignored), intimidating, offensive and/or hostile (bullied, harassing) behavior at CW that has influenced your ability to work or learn?

- Yes
- No

VI. Do you believe the negative behavior was

all scales are as follows:

1 Very often	2	3 Sometimes	4	5 Never
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- a. ... based upon **Academic Performance** and how often have you experienced it?
- b. ... based upon **Age** and how often have you experienced it?
- c. ... based upon **Educational Credentials (MS, PhD, etc.)** and how often have you experienced it?
- d. ... based upon **English Language Proficiency or Accent** and how often have you experienced it?
- e. ... based upon **Gender or Gender Identity** and how often have you experienced it?
- f. ... based upon **Gender Expression** and how often have you experienced it?
- g. ... based upon **Immigrant or Citizen Status** and how often have you experienced it?
- h. ... based upon **International Status** and how often have you experienced it?
- i. ... based upon **Learning Disability** and how often have you experienced it?
- j. ... based upon **Major Field of Study** and how often have you experienced it?
- k. ... based upon **Marital Status (e.g., single, married, partnered)** and how often have you experienced it?
- l. ... based upon **Mental Health or Psychological Condition** and how often have you experienced it?
- m. ... based upon **Medical Condition** and how often have you experienced it?
- n. ... based upon **Military or Veteran Status** and how often have you experienced it?
- o. ... based upon **Parental Status (e.g., having children)** and how often have you experienced it?
- p. ... based upon **Participation in an Organization or Team** and how often have you experienced it?
 - i. Please specify the Organization/Team:
Answer goes here...
SHIFT + ENTER to make a line break
- q. ... based upon **Physical Characteristics** and how often have you experienced it?
- r. ... based upon **Physical Disability** and how often have you experienced it?
- s. ... based upon **Philosophical Views** and how often have you experienced it?
- t. ... based upon **Political Views** and how often have you experienced it?
- u. ... based upon **Pregnancy** and how often have you experienced it?
- v. ... based upon **Racial Identity** and how often have you experienced it?
- w. ... based upon **Re-entry Status (e.g., from incarceration)** and how often have you experienced it?
- x. ... based upon **Religious or Spiritual Views** and how often have you experienced it?
- y. ... based upon **Sexual Identity** and how often have you experienced it?
- z. ... based upon **Don't Know** about and how often have you experienced it?
- aa. ... based upon **Other than what's listed here** and how often have you experienced it?
 - i. Please specify the **Other** thing not previously listed:
Answer goes here...
SHIFT + ENTER to make a line break

VII. Unwanted Experiences

a. *Within the past year*, have you **personally experienced** unwanted sexual contact?

- Yes
- No

b. Who did this to you?

Choose as many as you like

- Acquaintance/friend
- Faculty
- Stranger
- Other
- Family member
- Staff
- Student

c. Where did the incident(s) occur?

- Off-campus
- On-campus

1. Please specify the off-campus location(s):

Answer goes here...

SHIFT + ENTER to make a line break

2. Please specify the on-campus location(s):

Answer goes here...

SHIFT + ENTER to make a line break

d. Please describe your response to experiencing the incident(s).

Choose as many as you like

- I did nothing
- I felt embarrassed
- I felt somehow responsible
- I ignored it
- I was afraid
- I was angry
- It didn't affect me at the time
- I left the situation immediately
- I sought support from off-campus hot-line/advocacy services/therapist
- I sought support from a CW resource (e.g., Campus Police, Human Resources, Office of General Counsel, Counseling & Career Services)
- I told a friend
- I told a family member
- I contacted a local law enforcement official
- I sought support from a staff person
- I sought support from a faculty member
- I sought support from a spiritual advisor (e.g., pastor, rabbi, priest)
- I sought information on-line
- I didn't know who to go to
- I didn't know what to do
- I made an official complaint to a campus employee/official
- Other

e. Did you report the unwanted sexual contact to a campus official or staff member?

- Yes
- No

i. Please explain why you did not report it:

Answer goes here...

SHIFT + ENTER to make a line break

f. Did you feel that it was responded to appropriately?

- Yes
- No

i. Please explain why you felt that it was not:

Answer goes here...

SHIFT + ENTER to make a line break

Victims Assistance Services

24 Hour Hotline-1-855-827-2255

<http://www.westcopny.org/victims-assistance/>

http://www.ulifeline.org/cw/get_help_now

Text "START" to 741-741 or call 1-800-273-TALK (8255)

I understand – press ENTER

VIII. Submit – press ENTER

IX. Thank you for your response.
go to my CW – press ENTER