

Children's Peer Relationship Scale

Elementary School Survey

Name: _____ Date: _____

1. How do you feel about school?

- I like school.
- School is okay.
- I don't like school.

Comments:



2. Do you have good friends in school?

- I have some good friends in school.
- I have one good friend in school.
- I don't have good friends in school.

Comments:

3. Do you have a best friend?

- I have a best friend.
- I sort of have a best friend.
- No one is really my best friend.

Comments:

4. How do other kids feel about you?

- Mostly, other kids like me.
- Sometimes, other kids don't like me.
- Other kids don't really like me.

Comments:

5. What do you do after school?

- I usually see friends after school.
- Sometimes I see friends after school.
- I never see friends after school.

Comments:

6. Do the other kids tease you about your hearing loss?

- No one teases me about my hearing loss.
- Sometimes kids tease me about my hearing loss.
- Other kids tease me a lot about my hearing loss.

Comments:

7. Do you know other kids who have a hearing loss?

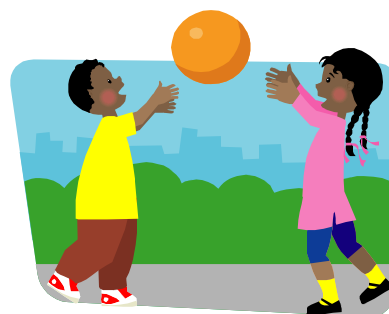
- I know other kids who have a hearing loss.
- I know one other kid who has a hearing loss.
- I don't know other kids with hearing loss.

Comments:

8. What do you think about your hearing aids/cochlear implants?

- I really like wearing my hearing aids/cochlear implants.
- My hearing aids/cochlear implants are okay.
- I hate wearing my hearing aids/cochlear implants.

Comments:



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Age Range: Grades K-6