



2025 Minnesota Student Survey Tables

November 2025

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In Appreciation

The Minnesota Student Survey (MSS) Interagency Team is indebted to the students, parents, teachers, district assessment coordinators, school and district administrators, principals, and superintendents across the state that agreed to participate in and supported the MSS when it was administered in the first half of 2025. These data are made available as a result of their interest and time, and we are grateful for their efforts.

The planning and implementation of the 2025 Minnesota Student Survey administration resulted from an important collaborative effort among members of the MSS Interagency team, local educators and health professionals, researchers, and community members throughout the state of Minnesota – all of whom encouraged and supported school participation in the MSS.

Members of the MSS Interagency Team include Seyma Birinci, Tai Do, Holly Ponto, and Lana Peterson at the Department of Education; Bob Kuziej, Kat Panas, Molly Meyer, Mark Lee, and Dan Fernandez-Baca at the Department of Health; Phyllis Bengtson, Jeffrey Carpenter, Andrea Orengo, Michele Maruska, Marcos Perez, and Andrea Abel at the Department of Human Services; and Amy Dorman at the Department of Public Safety.

We also thank Allie Hawley March at the Department of Health, Maira Rosas-Lee (formerly with the Department of Education), and Jacquelyn Freund of EpiCog for their valuable contributions to the successful collection of 2025 MSS data.

2025 Minnesota Student Survey

Survey Participation

The 2025 Minnesota Student Survey (MSS) was administered in the first half of 2025 to students in grades 5, 8, 9, and 11 statewide. The survey was voluntary at all levels; districts, schools, parents, and students could all choose to opt out. Many traditional public school districts (61%) chose to participate. Across the state, approximately 50% of fifth graders, 50% of eighth graders, 46% of ninth graders, and 36% of eleventh graders participated in the 2025 MSS. Overall participation across the four grades was approximately 45% of total enrollment.

Results from regular public schools, charter schools, and online schools are included in these tables. Results from nonpublic schools, alternative learning centers, and juvenile correctional facilities are released separately.

All schools and districts that participated in the survey followed federal laws regarding parental notification as required by the Protection of Pupil Rights Amendment (PPRA). PPRA requires that schools that participate in the survey notify parents of the survey administration, provide parents the opportunity to review the survey instrument, and allow parents to opt their child out of participating (Juvenile Correctional Facilities are exempt from this requirement).

Mode of Administration

In 2025, all levels of the MSS were administered online. Only Juvenile Correctional Facilities could choose to administer the MSS on paper.

Items on the Tables

The tables in this report include the responses for all survey items. Items are ordered within the tables by an overarching subject area; the order that items appear on the tables is not necessarily the order that they appeared on the survey.

The table of contents is provided on pages vi-vii. The grade five survey version was shorter than the grade eight survey version, which in turn was shorter than the grade nine and eleven version. The grade five and grade eight versions did not include items appropriate only for older students. Items found on some versions of the survey but not on others are identified on the tables.

Gender Breakdown in Reports

This report comes in two formats: by grade and grade-and-gender. Fifth grade surveys asked “are you a boy or girl” while all other grades were asked about their sex assigned at birth (as on original birth certificate). The grade-and-gender breakdowns are available when counts for sex assigned at birth are at least 25 male and 25 female respondents in each grade level cell.

New Questions and Year-to-Year Comparisons

While most MSS survey questions stayed the same as previous administrations, other questions were updated with changes to the question or response options. Some entirely new questions were added, and some questions were dropped. New questions are noted on each table. Caution must be used when making comparisons over time for any questions in which the wording has changed.

Please note that although these surveys are given repeatedly over time, the student populations change between administrations of the survey.

Validity of Responses

Caution was taken to identify invalid responses and remove them from the survey results. Surveys were removed when responses were highly inconsistent, when there was a pattern of likely exaggeration, when the survey was completed outside of school hours (this did not apply to online students), or when the survey was clearly a test of the online system. In addition, surveys were removed when only the background section of the survey was answered. In total, approximately 3.5% of cases were removed from the 2025 survey data.

Online Access to MSS Data

Data from the Minnesota Student Survey (MSS) are available on the Minnesota Department of Education's [Data Reports and Analytics page](https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=242) (<https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=242>). This web report provides access to all state, county, and district level data and provides options for filtering the data in multiple ways.

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TABLE 1A
DEMOGRAPHIC DESCRIPTION
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	Level 3	
	N	%
Total number of surveys		
	1,058	100%
What was your sex assigned at birth (as on your original birth certificate)?^		
Male	491	46%
Female	564	53%
No answer	3	0%
Age^^		
10 years old	0	0%
11 years old	1	0%
12 years old	1	0%
13 years old	0	0%
14 years old	31	3%
15 years old	59	6%
16 years old	317	30%
17 years old	489	46%
18 years old	134	13%
19-20 years old	25	2%
How do you describe yourself? (Mark ALL that apply)		
American Indian or Alaskan Native only	26	2%
Asian, South Asian or Asian American only	29	3%
Black, African or African American only	184	17%
Hispanic or Latino/Latina only	189	18%
Middle Eastern or North African only	2	0%
Native Hawaiian or Other Pacific Islander only	3	0%
White only	450	43%
Multiple Races (checked more than one)	168	16%
No answer	7	1%

^ Level 1 survey asked "Are you a boy or girl" and included "Option not listed" as a response option

^^ Students who select "9 years old or younger" or "21 years old or older" were excluded from this report.

TABLE 1B
DEMOGRAPHIC DESCRIPTION
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	Level 3	
	N	%
If you are American Indian or Alaskan Native, which group best describes you? (Mark ALL that apply)		
Anishinaabe/ Ojibwe	49	5%
Dakota/Lakota	14	1%
Other tribal affiliation	27	3%
If you are Asian or Asian American, which group best describes you? (Mark ALL that apply)		
Bangladeshi	1	0%
Burmese	2	0%
Chinese	3	0%
Filipino	3	0%
Hmong	16	2%
Karen	6	1%
Korean	4	0%
Lao	1	0%
Vietnamese	5	0%
Other Asian	3	0%
If you are Black, African or African American, which group best describes you? (Mark ALL that apply)		
African American	212	20%
Ethiopian – Oromo	10	1%
Ethiopian – Other	6	1%
Liberian	13	1%
Nigerian	8	1%
Somali	23	2%
Other Black, African or African American	55	5%

TABLE 1B (CONT.)
DEMOGRAPHIC DESCRIPTION
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	Level 3	
	N	%
If you are Hispanic or Latino/Latina, which group best describes you? (Mark ALL that apply)		
Colombian	7	1%
Ecuadoran	8	1%
Guatemalan	14	1%
Mexican	193	18%
Puerto Rican	20	2%
Salvadoran	14	1%
Spanish/Spanish-American	17	2%
Other Hispanic or Latino/Latina	28	3%
If you are Middle Eastern or North African, which group best describes you? (Mark ALL that apply)		
Egyptian	1	0%
Iraqi	1	0%
Palestinian	1	0%
Other Middle Eastern or North African	5	0%

TABLE 2
GENDER EXPRESSION; SEXUAL ORIENTATION; GENDER IDENTITY*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?		
Very or mostly feminine	2%	42%
Somewhat feminine	3%	27%
Equally feminine and masculine	9%	25%
Somewhat masculine	28%	5%
Very or mostly masculine	59%	1%
How do you describe your sexual orientation?		
Straight (heterosexual)	88%	59%
Asexual	0%	1%
Bisexual	5%	21%
Gay or Lesbian	3%	4%
Questioning/Not sure	0%	3%
Pansexual	1%	5%
Queer	0%	2%
I don't describe myself in any of these ways	1%	3%
I am not sure what this question means	1%	1%
What is your gender identity? (Mark ALL that apply)		
Agender	3%	3%
Boy/man (cisgender, which means your gender identity matches your sex assigned at birth)	93%	1%
Boy/man (transgender, which means your gender identity does not match your sex assigned at birth)	0%	3%
Genderfluid, gender non-conforming, or genderqueer	0%	3%
Girl/woman (cisgender, which means your gender identity matches your sex assigned at birth)	0%	87%
Girl/woman (transgender, which means your gender identity does not match your sex assigned at birth)	1%	0%
Nonbinary	1%	2%
Two spirit	1%	0%
Questioning/ unsure	1%	3%
Identity not listed	2%	2%

* Level 1 surveys did not ask these questions.

TABLE 3
SCHOOL PLANS; ACADEMIC ADVISING; IEP; CHANGING SCHOOLS; ACADEMIC PERFORMANCE
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
What is the MAIN thing you plan to do RIGHT AFTER high school?*		
I don't plan to graduate from high school	1%	1%
Get my GED	4%	4%
Go to a two-year community or technical college	17%	25%
Go to a four-year college or university	11%	19%
Get a license or certificate in a career field	9%	13%
Attend an apprenticeship program	5%	1%
Join the military	7%	4%
Work at a job	31%	25%
Other	15%	9%
Has an adult in your school helped you think about education options for after high school (college or other training program)?**		
Yes	76%	77%
No	24%	23%
Has an adult in your school helped you find career-focused field experiences (job shadowing, work-based learning, service learning, career camps, apprenticeships)?**		
Yes	68%	64%
No	32%	36%
Do you receive special education services as part of an IEP (individualized education program)?		
Yes	23%	14%
No	53%	66%
Not sure	23%	20%
Since the beginning of this school year, have you changed schools?		
Yes	33%	30%
No	67%	70%
How would you describe your grades this school year?		
Mostly A's	12%	21%
Mostly B's	24%	28%
Mostly C's	35%	25%
Mostly D's	13%	9%
Mostly F's	4%	4%
Mostly Incompletes	7%	6%
None of these letter grades	5%	6%

* Level 1 surveys did not ask this question.

** Level 1 & 2 surveys did not ask this question.

TABLE 4
TRANSPORTATION TO AND FROM SCHOOL*^
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

No data in this table.

* Level 3 surveys did not ask this question.

TABLE 5
SCHOOL ATTENDANCE
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the last 30 days, how many times did you miss a full day of school? (Do not include school-sponsored activities like field trips, sports, academic or music events)^		
None	21%	15%
Once or twice	42%	43%
3 to 5 times	24%	26%
6 or more times	13%	16%
During the last 30 days, how many times did you miss part of a day of school such as coming late, leaving early or missing class time during the day? (Do not include school-sponsored activities like field trips, sports, academic, or music events)		
None	22%	23%
Once or twice	34%	33%
3 to 5 times	20%	22%
6 to 9 times	9%	8%
10 or more times	15%	14%
AMONG THOSE WHO MISSED PART OF OR A FULL DAY OF SCHOOL: What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)		
Felt sick	56%	58%
Medical, dental or other health-related appointment	22%	33%
Felt very sad, hopeless, anxious, stressed or angry	13%	25%
Didn't get enough sleep	27%	30%
Didn't feel safe at school	2%	2%
Had to work (for pay or to help with a family business or chores)	10%	7%
Had to take care of or help someone else (child, sibling, relative, etc.)^	9%	10%
Behind in schoolwork or not prepared for a test or class assignment	5%	7%
Bored with or not interested in school	12%	15%
Suspended from school	3%	1%
Other reason	14%	12%
Was in quarantine^^	2%	2%
Did not want to go^^	16%	25%
Did not feel like I belonged at school^^	3%	6%
Hung out with friends instead^^	4%	2%
Was out of town^^	7%	7%
Had a religious holiday or cultural event^^	2%	1%
Had issues with transportation^^	12%	12%

^ Change in response option wording from 2022.

^^ New response option in 2025.

TABLE 6
DISCIPLINE; FEELINGS ABOUT SCHOOL
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the last 30 days, how many times did you get sent out of the classroom for discipline?		
None	91%	93%
Once or twice	7%	5%
3 to 5 times	1%	1%
6 to 9 times	0%	0%
10 or more times	0%	1%
How often do you care about doing well in school?		
All of the time	26%	37%
Most of the time	44%	45%
Some of the time	27%	16%
None of the time	2%	1%
How often do you go to class unprepared?		
All of the time	9%	5%
Most of the time	15%	10%
Some of the time	51%	43%
None of the time	25%	42%
How often do you pay attention in class?		
All of the time	18%	20%
Most of the time	52%	56%
Some of the time	27%	22%
None of the time	2%	2%

TABLE 7
FEELINGS ABOUT SCHOOL
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
How much do you agree or disagree with each of the following statements?	%	%
If something interests me, I try to learn more about it.		
Strongly agree	49%	41%
Agree	48%	56%
Disagree	2%	2%
Strongly disagree	1%	0%
I think things I learn at school are useful.		
Strongly agree	9%	12%
Agree	49%	60%
Disagree	31%	23%
Strongly disagree	10%	5%
Being a student is one of the most important parts of who I am.		
Strongly agree	11%	9%
Agree	26%	36%
Disagree	43%	39%
Strongly disagree	20%	16%
Overall, adults at my school treat students fairly.		
Strongly agree	32%	31%
Agree	54%	55%
Disagree	10%	12%
Strongly disagree	3%	3%
Adults at my school listen to the students.		
Strongly agree	27%	27%
Agree	59%	56%
Disagree	11%	13%
Strongly disagree	4%	3%
The school rules are fair		
Strongly agree	22%	21%
Agree	53%	55%
Disagree	20%	21%
Strongly disagree	5%	3%
At my school, teachers care about students.		
Strongly agree	33%	35%
Agree	59%	57%
Disagree	5%	6%
Strongly disagree	2%	2%
Most teachers at my school are interested in me as a person.		
Strongly agree	22%	24%
Agree	52%	56%
Disagree	22%	18%
Strongly disagree	4%	2%

TABLE 8A
PRESENCE OF A SCHOOL RESOURCE/POLICE OFFICER*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Is there a police officer or School Resource Officer (SRO) at your school?		
Yes	32%	36%
No	32%	26%
I don't know	36%	38%
IF POLICE OFFICER OR SRO AT SCHOOL: If I knew about something unsafe or illegal at my school, I would tell the SRO or police officer.		
Strongly agree	20%	32%
Agree	43%	49%
Disagree	21%	17%
Strongly disagree	17%	3%
IF POLICE OFFICER OR SRO AT SCHOOL: I would feel comfortable going to my school's police officer or SRO if I was having problems or needed help.		
Strongly agree	22%	22%
Agree	41%	52%
Disagree	22%	19%
Strongly disagree	16%	6%
IF POLICE OFFICER OR SRO AT SCHOOL: I think it is a good idea to have an SRO or police officer at our school.		
Strongly agree	42%	42%
Agree	48%	51%
Disagree	4%	6%
Strongly disagree	5%	2%

* Level 1 survey did not ask these questions.

TABLE 8B
COMFORT GOING TO POLICE OFFICER*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

No data in this table.

* Level 3 surveys did not ask this question.

TABLE 9
PERCEPTIONS OF SAFETY
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
How much do you agree or disagree with each of the following statements?	%	%
I feel safe going to and from school.		
Strongly agree	43%	39%
Agree	53%	57%
Disagree	3%	3%
Strongly disagree	1%	1%
I feel safe at school.		
Strongly agree	38%	34%
Agree	53%	58%
Disagree	6%	7%
Strongly disagree	3%	1%
I feel safe in my neighborhood.		
Strongly agree	49%	40%
Agree	45%	54%
Disagree	6%	5%
Strongly disagree	1%	1%
I feel safe at home.		
Strongly agree	62%	51%
Agree	37%	44%
Disagree	1%	4%
Strongly disagree	0%	1%

TABLE 10
AFTER SCHOOL SUPERVISION
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During a typical week, where do you go after school?^ (Mark ALL that apply)		
I stay at my school or go to another school	8%	8%
My home or another home such as a friend's, relative's or neighbor's	92%	94%
A rec, community or other youth center	8%	3%
A park or other outdoor space	12%	6%
A library	2%	4%
A church, synagogue, mosque, or other spiritual/religious place	2%	3%

^ Change in question wording and response options from 2022.

TABLE 11
BEING BULLIED FOR SPECIFIC REASONS
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the last 30 days, how often have other students harassed or bullied you?^		
Never	87%	80%
Once or twice	8%	16%
Three or more times	5%	4%
IF BULLIED DURING THE LAST 30 DAYS, for which of these reasons were you harassed or bullied?^^ (Mark ALL that apply)		
Your race, ethnicity or national origin	26%	6%
Your religion or religious beliefs, including a lack of religious beliefs (e.g., agnosticism or atheism)	9%	6%
Your sex or gender (being male, female, transgender, genderqueer, genderfluid.)^^^	16%	9%
Your gender expression (your style, dress, or the way you walk or talk)*	26%	21%
Because you are bisexual, gay, lesbian, asexual, pansexual, queer, or because someone thought you were*	18%	8%
A physical or mental disability	21%	10%
Your size or weight	42%	30%
Your physical appearance	44%	47%
Reason not listed^^^^	37%	57%

* Level 1 surveys did not ask this question.

^ New question in 2025.

^^ Change in question wording from 2022.

^^^ Level 1 survey item was worded "Your gender (being male or female)".

^^^^ New response option in 2025.

TABLE 12
BEING BULLIED OR HARRASSED AT SCHOOL
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During the last 30 days, how often have other students at school...	%	%
...pushed, shoved, slapped, hit or kicked you when they weren't kidding around?		
Never	93%	95%
Once or twice	5%	4%
About once a week	0%	1%
Several times a week	0%	0%
Every day	2%	0%
...threatened to beat you up?		
Never	91%	90%
Once or twice	5%	8%
About once a week	1%	1%
Several times a week	0%	1%
Every day	3%	0%
...spread mean rumors or lies about you?		
Never	82%	73%
Once or twice	11%	19%
About once a week	2%	5%
Several times a week	1%	2%
Every day	3%	2%
...made sexual jokes, comments or gestures towards you?*		
Never	88%	82%
Once or twice	6%	13%
About once a week	2%	3%
Several times a week	1%	2%
Every day	3%	1%
...excluded you from friends, other students or activities?		
Never	89%	79%
Once or twice	5%	12%
About once a week	1%	4%
Several times a week	2%	3%
Every day	2%	2%
Bullied once or more in the last 30 days^		
No	73%	60%
Yes	27%	40%
Bullied weekly or more in last 30 days^		
No	89%	86%
Yes	11%	14%
Bullied daily in the last 30 days^		
No	94%	96%
Yes	6%	4%

* Level 1 surveys did not ask this question.

^ These are computed variables based on combinations of responses to the first five questions on this table.

TABLE 13
BEING CYBERBULLIED
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat, TikTok or other social media)^		
Never	91%	85%
Once or twice	5%	11%
Three or more times	3%	4%

^ Change in response options from 2022.

TABLE 14A
AVAILABILITY OF COMMUNITY PROGRAMS
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?		
Yes	44%	41%
No	14%	11%
I don't know what programs are available in my community	42%	48%

TABLE 14B
ENRICHMENT ACTIVITIES
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During a typical week, how often do you participate in activities outside of the regular school day?^		
0 days	40%	45%
1 day	9%	11%
2 days	14%	17%
3 days	14%	13%
4 days	6%	6%
5 or more days	18%	8%
During a typical week, do you participate in the following activities outside of the regular school day?^^ (Mark ALL that apply)		
Sports activities or physical activities^^^	41%	25%
School sponsored activities or clubs that are not sports, such as drama, music, chess, or science club	4%	6%
Tutoring, homework help, or academic programs	1%	4%
Leadership activities such as student government, youth councils, or committees	0%	3%
Artistic activities, such as music, dance, drawing, photography, or pottery	6%	13%
Cultural heritage programs	1%	1%
Other community clubs and programs such as 4-H, Scouts, Y-clubs, or Community Ed	2%	2%
Religious activities such as religious services, education, or youth group	4%	5%

^ New question in 2025.

^^ Response options changed from 2022.

^^^ New response option in 2025.

TABLE 15
REASONS FOR NOT PARTICIPATING IN ENRICHMENT ACTIVITIES*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
IF NO PARTICIPATION: What are the reasons you don't participate in any activities, programs or clubs outside of the regular school day? (Mark ALL that apply)		
I do not know what is available in my community.	36%	38%
Activities are not available in my community.	4%	2%
Activities cost too much.	7%	15%
My parents (or guardians) won't let me.	2%	5%
My friends are not there.	10%	17%
I am not interested.	50%	55%
I am too busy with other things, such as a job or homework.	24%	27%
I don't have a way to get there or home.	10%	16%
I have to take care of other family members.	4%	6%
It is not a safe place.	1%	0%
Other	8%	7%

* Level 1 survey did not ask this question.

TABLE 16
QUALITY OF YOUTH ACTIVITIES[^]
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
When you do spend time doing activities outside of the regular school day, how often do you...	%	%
...feel safe?		
Rarely or never	7%	4%
Sometimes	11%	14%
Often	39%	40%
Very often	43%	42%
...learn skills like teamwork or leadership?		
Rarely or never	12%	11%
Sometimes	31%	33%
Often	36%	37%
Very often	20%	19%
...develop trusting relationships with peers your age?		
Rarely or never	14%	13%
Sometimes	30%	37%
Often	36%	30%
Very often	20%	20%
...develop trusting relationships with adults?		
Rarely or never	16%	15%
Sometimes	30%	34%
Often	36%	34%
Very often	19%	16%
...help make decisions?		
Rarely or never	11%	9%
Sometimes	35%	34%
Often	35%	39%
Very often	19%	18%
...do something that gives you joy and energy?		
Rarely or never	8%	5%
Sometimes	21%	28%
Often	38%	38%
Very often	33%	29%
...learn skills that you can use in a future job?		
Rarely or never	11%	11%
Sometimes	31%	35%
Often	35%	35%
Very often	22%	19%

[^] These items are a subscale of the Constructive Use of Time Scale from the Developmental Assets Profile (DAP) (Search Institute, Minneapolis, MN).

TABLE 17
LIVING SITUATIONS
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Have you ever been in foster care?^		
Yes	13%	12%
No	87%	88%
During the past 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay?^* (Mark ALL that apply)		
No	89%	91%
Yes, I was with my parents or an adult family member	9%	5%
Yes, I was on my own without any adult family member	2%	4%
Has there been an adult in your household who makes sure your basic needs were met, such as looking after your safety and making sure you have clean clothes and enough to eat?^*^^		
Never	4%	3%
Rarely	2%	3%
Sometimes	8%	9%
Most of the time	19%	20%
Always	67%	66%
Have any of your parents or guardians ever been in jail or prison?^*^		
Yes	44%	46%
No	56%	54%
IF YOU HAVE OR HAVE HAD PARENT OR GUARDIAN IN JAIL OR PRISON: Did you live with a parent or guardian at the time they went to jail or prison?*		
Yes	52%	54%
No	48%	46%

* Level 1 surveys did not ask this question.

^ Response options changed from 2022.

^^ New question in 2025.

TABLE 18
COMMUNICATION WITH ADULTS
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Which of these adults can you talk to about problems you are having? (Mark ALL that apply)		
Parent or guardian	76%	69%
Adult at school	23%	29%
Some other adult	21%	26%
I don't have any adults that I can talk to about problems I am having	14%	14%

TABLE 19
PERCEPTIONS OF FAMILY AND OTHERS CARING
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
How much do you feel...	%	%
...your parents care about you?		
Not at all	3%	4%
A little	3%	5%
Some	9%	15%
Quite a bit	20%	20%
Very much	65%	56%
...other adult relatives care about you?		
Not at all	4%	3%
A little	8%	10%
Some	20%	19%
Quite a bit	27%	31%
Very much	42%	37%
...friends care about you?		
Not at all	3%	3%
A little	7%	9%
Some	21%	22%
Quite a bit	30%	26%
Very much	39%	40%
...teachers at school care about you?		
Not at all	6%	4%
A little	16%	17%
Some	32%	33%
Quite a bit	28%	29%
Very much	18%	17%
...other adults at school care about you?		
Not at all	9%	11%
A little	19%	19%
Some	33%	31%
Quite a bit	23%	24%
Very much	16%	16%
...adults in your community care about you?		
Not at all	19%	19%
A little	19%	19%
Some	29%	27%
Quite a bit	20%	20%
Very much	14%	14%

TABLE 20
ADVERSE CHILDHOOD EXPERIENCES*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Do you live with anyone who drinks too much alcohol?		
Yes	9%	17%
No	91%	83%
Do you live with anyone who uses illegal drugs or abuses prescription drugs?		
Yes	6%	10%
No	94%	90%
Do you live with anyone who is depressed or has any other mental health issues?		
Yes	26%	47%
No	74%	53%
Does a parent or other adult in your home regularly swear at you, insult you or put you down?		
Yes	12%	24%
No	88%	76%
Has a parent or other adult in your home ever hit, beat, kicked or physically hurt you in any way?		
Yes	12%	14%
No	88%	86%
Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?		
Yes	10%	17%
No	90%	83%
Has anyone who was not a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?		
Yes	5%	24%
No	95%	76%
Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?		
Yes	4%	12%
No	96%	88%
Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?*		
Yes	3%	6%
No	97%	94%
ACEs Score-short^		
None	37%	26%
One	34%	24%
Two	13%	19%
Three	7%	9%
Four or more	9%	22%

* Level 1 survey did not ask these questions.

** Level 2 survey did not ask this question.

^ An adverse childhood experience (ACE) describes a traumatic experience in a person's life occurring before age 18. The ACEs Score-short is a measure of cumulative exposure to adverse childhood conditions, and combines the responses to all but the last question in this table plus the responses to the first question about parental incarceration (See Table 17).

TABLE 21A
GUN VIOLENCE[^]
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Have you ever experienced people using guns to threaten or hurt others in person?		
Yes	18%	16%
No	82%	84%

[^] New question in 2025.

TABLE 21B
RELATIONSHIP VIOLENCE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Have you been in a casual or serious relationship where your partner ever physically hurt you on purpose (shoved, kicked, slapped, punched, pulled hair, strangled, injured you with an object or weapon, etc.)?		
Yes	12%	15%
No	88%	85%
Have you been in a casual or serious relationship where your partner ever verbally hurt or controlled you (called you names, told you what you could wear or eat, told you who you could see or talk to, threatened you, blamed you for their behavior, etc.)?		
Yes	19%	32%
No	81%	68%
Have you been in a casual or serious relationship where your partner ever pressured, tricked, or forced you to do something sexual, or did something sexual to you against your wishes?**		
Yes	10%	25%
No	90%	75%
Have YOU ever pressured, tricked, or forced someone to do something sexual, or have you done something sexual to someone against their wishes?**		
Yes	3%	5%
No	94%	92%
Not sure	3%	4%

* Level 1 survey did not ask these questions.

** Level 2 survey did not ask this question.

TABLE 22
PHYSICAL HEALTH
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
How would you describe your health in general?		
Excellent	16%	12%
Very good	28%	25%
Good	38%	39%
Fair	13%	22%
Poor	5%	3%
Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.		
Yes	17%	22%
No	83%	78%
Has a doctor or nurse ever told you that you have diabetes?		
Yes	3%	2%
No	97%	98%
Has a doctor or nurse ever told you that you have pre-diabetes?		
Yes	5%	3%
No	95%	97%
Has a doctor or nurse ever told you that you have asthma?		
Yes	20%	22%
No	80%	78%
Has a doctor or nurse ever told you that you have an allergy that requires you to carry an epi-pen?		
Yes	6%	3%
No	94%	97%
Weight status according to Body Mass Index (BMI)*		
Normal	58%	64%
Underweight	5%	5%
Overweight	14%	17%
Obese	23%	14%

* Level 1 survey did not ask this question. Body Mass Index (BMI) is a number calculated from a child's self-reported weight and height. BMI is calculated using a standard formula. BMI-for-age percentiles are used to interpret BMI numbers for children and teens. CDC BMI-for-age growth charts were used to determine weight status according to BMI for participants in the Minnesota Student Survey. Underweight: Less than the 5th percentile Not overweight or underweight: 5th to less than the 85th percentile Overweight: 85th to less than the 95th percentile Obese: Equal to or greater than the 95th percentile

TABLE 23
MENTAL HEALTH
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more.*		
Yes	30%	55%
No	70%	45%
Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)		
No	65%	45%
Yes, during the last year	18%	37%
Yes, more than a year ago	21%	27%
Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)*		
No	92%	90%
Yes, during the last year	5%	6%
Yes, more than a year ago	3%	5%
When you are feeling upset, stressed or having problems, how comfortable are you talking to a counselor or social worker at school?		
Very comfortable	13%	13%
Somewhat comfortable	46%	47%
Not at all comfortable	39%	37%
There is no counselor or social worker at my school	2%	2%

* Level 1 survey did not ask this question.

TABLE 24
ORAL HEALTH
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
When was the last time you saw a dentist for a check-up, exam, or teeth cleaning or other dental work?		
During the last year	62%	65%
Between 1 and 2 years ago	19%	20%
More than 2 years ago	15%	13%
Never	4%	2%
Have you had any dental problems during the past 12 months?^		
Yes	30%	28%
No	70%	72%
Have you had any of the following dental problems during the past 12 months? (Mark ALL that apply)		
Toothaches or pain	16%	17%
Decayed teeth or cavities	15%	17%
Swollen, painful or bleeding gums	5%	8%
Could not eat certain foods because of a dental problem	4%	5%
Missed one or more school days because of a dental problem	5%	5%
IF ONE OR MORE DENTAL PROBLEMS: Have you had this dental problem treated by a dentist?		
Yes	57%	60%
No, but I will see a dentist	31%	31%
No, I am not able to get dental treatment	12%	9%

^ New question in 2025.

TABLE 25A
PHYSICAL ACTIVITY AND SLEEP
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY?		
0 days	13%	19%
1 day	9%	13%
2 days	14%	15%
3 days	13%	18%
4 days	13%	13%
5 days	12%	11%
6 days	5%	3%
7 days	20%	9%
During a typical school night, how many hours of sleep do you get?		
4 hours or less	16%	15%
5 hours	13%	19%
6 hours	24%	23%
7 hours	24%	21%
8 hours	16%	17%
9 hours	4%	4%
10 or more hours	2%	1%

TABLE 25B
SOCIAL MEDIA USE[^]
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During an average week when you are in school, on how many school nights do you use technology between midnight and 5AM? (Count time spent playing games, watching videos, texting, or using social media on your devices.)		
0 school nights	22%	26%
1 school night	13%	11%
2 school nights	12%	15%
3 school nights	11%	14%
4 school nights	6%	8%
5 school nights	36%	26%
In a typical week, how often do you use social media?*		
I do not use social media	4%	3%
Less than once a week	4%	2%
A couple days a week	10%	8%
About once a day	9%	8%
Several times a day	49%	53%
About once an hour or more	24%	26%
IF USE SOCIAL MEDIA: Do you feel that you might have a problem with spending too much time on social media?*		
Yes	34%	46%
No	66%	54%
IF USE SOCIAL MEDIA: Do you skip important social or recreational activities like sports or being with friends or relatives to be on social media?*		
Yes	12%	13%
No	88%	87%
IF USE SOCIAL MEDIA: Do you have trouble getting your homework, chores, or other major responsibilities done because you were spending time on social media?*		
Yes	30%	42%
No	70%	58%

* Level 1 survey did not ask this question.

[^] New questions in 2025.

TABLE 26A
EATING LUNCH[^]
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During a typical school week, where do you usually get your lunch? (Mark the number of days for each)	%	%
I don't eat lunch^{^^}		
0 days	45%	35%
1 day	12%	10%
2 days	13%	19%
3 days	8%	11%
4 days	5%	5%
5 days	17%	20%
Regular school lunch from the cafeteria		
0 days	35%	32%
1 day	8%	8%
2 days	11%	12%
3 days	10%	10%
4 days	7%	10%
5 days	29%	28%
The a la carte line (buy individual items)		
0 days	82%	82%
1 day	6%	7%
2 days	5%	6%
3 days	3%	2%
4 days	1%	1%
5 days	4%	2%
School store or vending machine		
0 days	72%	68%
1 day	11%	14%
2 days	8%	10%
3 days	5%	2%
4 days	1%	2%
5 days	3%	4%
Fast food restaurant, gas station or somewhere else outside of school		
0 days	44%	46%
1 day	15%	18%
2 days	16%	16%
3 days	13%	10%
4 days	5%	5%
5 days	8%	7%
I bring lunch from home		
0 days	82%	78%
1 day	5%	8%
2 days	4%	4%
3 days	3%	2%
4 days	1%	2%
5 days	5%	6%

[^] Response options have changed from 2022.

^{^^} Change in question wording from 2022.

TABLE 26B
EATING BREAKFAST; SKIPPING MEALS
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During a typical school week, where do you usually get your breakfast? (Mark the number of days for each)	%	%
I don't eat breakfast^		
0 days	46%	42%
1 day	6%	8%
2 days	11%	10%
3 days	7%	8%
4 days	4%	6%
5 days	26%	25%
Regular school breakfast from the cafeteria^		
0 days	56%	57%
1 day	5%	11%
2 days	9%	8%
3 days	7%	8%
4 days	4%	4%
5 days	18%	12%
The a la carte line (buy individual items)^		
0 days	88%	92%
1 day	4%	4%
2 days	3%	2%
3 days	2%	2%
4 days	1%	0%
5 days	3%	0%
School store or vending machine^		
0 days	83%	87%
1 day	8%	5%
2 days	3%	3%
3 days	1%	3%
4 days	1%	0%
5 days	3%	1%
Fast food restaurant, gas station or somewhere else outside of school^		
0 days	64%	71%
1 day	12%	12%
2 days	10%	8%
3 days	6%	4%
4 days	2%	2%
5 days	6%	3%
I eat breakfast from home^		
0 days	55%	56%
1 day	9%	11%
2 days	8%	9%
3 days	6%	5%
4 days	4%	4%
5 days	17%	16%
During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?		
Yes	10%	10%
No	90%	90%

^ New questions in 2025.

TABLE 26C
FRUIT AND VEGETABLE CONSUMPTION*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During the last 7 days, how many times did you...?	%	%
...drink 100% fruit juices such as orange, apple or grape juice? (Do not count punch, Kool-Aid, sports drinks or other fruit-flavored drinks)		
I did NOT eat or drink this	25%	28%
1 to 3 times in the last 7 days	39%	40%
4 to 6 times in the last 7 days	18%	15%
1 time per day	6%	7%
2 times per day	5%	5%
3 times per day	2%	1%
4 or more times per day	5%	5%
...eat fruit? (Do not count fruit juice)		
I did NOT eat or drink this	13%	11%
1 to 3 times in the last 7 days	33%	33%
4 to 6 times in the last 7 days	22%	23%
1 time per day	12%	12%
2 times per day	9%	9%
3 times per day	4%	4%
4 or more times per day	7%	8%
...eat green salad, potatoes, carrots or other vegetables? (Do not count French fries, fried potatoes, or potato chips)		
I did NOT eat or drink this	21%	13%
1 to 3 times in the last 7 days	30%	32%
4 to 6 times in the last 7 days	21%	23%
1 time per day	14%	14%
2 times per day	6%	9%
3 times per day	3%	3%
4 or more times per day	5%	6%
...eat from a fast food restaurant, including carry-out or delivery?		
I did NOT eat or drink this	16%	18%
1 to 3 times in the last 7 days	53%	55%
4 to 6 times in the last 7 days	17%	12%
1 time per day	5%	8%
2 times per day	4%	3%
3 times per day	1%	2%
4 or more times per day	4%	2%
Servings of fruits, fruit juice and vegetables per day during the last 7 days^		
Less than five	88%	85%
Five or more	12%	15%

* Level 1 survey did not ask these questions.

^ This is a computed variable based on combinations of responses to the first three questions on this table.

TABLE 26D
MILK AND WATER CONSUMPTION*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During the last 7 days, how many times did you drink...?	%	%
... a glass of milk? (Count the milk you drank in a cup, from a carton, or with cereal)		
I did NOT eat or drink this	26%	39%
1 to 3 times in the last 7 days	29%	28%
4 to 6 times in the last 7 days	17%	13%
1 time per day	12%	8%
2 times per day	8%	6%
3 times per day	4%	2%
4 or more times per day	4%	3%
... a glass or drink of tap water from a drinking fountain, faucet or sink?		
I did NOT eat or drink this	24%	24%
1 to 3 times in the last 7 days	16%	16%
4 to 6 times in the last 7 days	15%	11%
1 time per day	7%	7%
2 times per day	10%	11%
3 times per day	8%	6%
4 or more times per day	19%	24%
... a bottle of water (plain water that is not flavored or carbonated)?		
I did NOT eat or drink this	14%	13%
1 to 3 times in the last 7 days	15%	13%
4 to 6 times in the last 7 days	15%	15%
1 time per day	9%	11%
2 times per day	9%	13%
3 times per day	10%	10%
4 or more times per day	28%	26%

* Level 1 survey did not ask these questions.

TABLE 26E
SUGAR-SWEETENED BEVERAGE CONSUMPTION*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During the last 7 days, how many times did you drink...?	%	%
... a can, bottle or glass of pop or soda, such as Coke, Pepsi or Sprite (Do not count diet pop or diet soda)?		
I did NOT eat or drink this	21%	23%
1 to 3 times in the last 7 days	37%	42%
4 to 6 times in the last 7 days	17%	15%
1 time per day	10%	11%
2 times per day	6%	4%
3 times per day	4%	2%
4 or more times per day	4%	3%
... a can, bottle or glass of a sports drink, such as Gatorade or Powerade? (Do not count low-calorie sports drinks such as Propel or G2)		
I did NOT eat or drink this	38%	53%
1 to 3 times in the last 7 days	36%	29%
4 to 6 times in the last 7 days	11%	8%
1 time per day	7%	6%
2 times per day	3%	1%
3 times per day	2%	1%
4 or more times per day	3%	1%
... a can, bottle or glass of an energy drink, such as Rockstar, Red Bull, Monster or Full Throttle?		
I did NOT eat or drink this	51%	51%
1 to 3 times in the last 7 days	24%	25%
4 to 6 times in the last 7 days	10%	10%
1 time per day	6%	8%
2 times per day	4%	2%
3 times per day	2%	1%
4 or more times per day	4%	2%
... a can, bottle or glass of coffee or tea that had sugar, syrups or honey added to it? (Count coffee/ tea you added a sweetener to/ already had sweetener, e.g. Arizona Iced Tea/Frappuccinos. Don't count artificial sweeteners e.g. Splenda/diet drinks)		
I did NOT eat or drink this	49%	48%
1 to 3 times in the last 7 days	33%	34%
4 to 6 times in the last 7 days	7%	7%
1 time per day	5%	7%
2 times per day	2%	2%
3 times per day	1%	1%
4 or more times per day	2%	1%
... a can, bottle or glass of a sweetened fruit drink, such as Kool-Aid, Capri Sun or lemonade? (Do not include 100% fruit juice, such as 100% pure orange juice)		
I did NOT eat or drink this	42%	46%
1 to 3 times in the last 7 days	32%	35%
4 to 6 times in the last 7 days	11%	9%
1 time per day	8%	6%
2 times per day	4%	1%
3 times per day	1%	1%
4 or more times per day	2%	1%

* Level 1 survey did not ask these questions.

TABLE 27
VEHICLE SAFETY
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
When driving a car, truck or SUV, how often do you handle your phone to do things like send or read text messages, take pictures, use social media, stream videos, or videochat?* [^]		
I don't drive a car, truck or SUV	37%	51%
Never	30%	29%
Sometimes	26%	19%
Always	6%	1%
How often do you wear a seat belt when you are driving or riding in a car, truck, or SUV? [^] ^{^^}		
Never	7%	2%
Sometimes	19%	19%
Always	74%	79%

* Level 1 & 2 surveys did not ask this question.

[^] Response options changed from 2022.

^{^^} On the Level 1 survey, this question was worded 'How often do you wear a seat belt when you are riding in a car, truck or SUV?'

TABLE 28A
SELF DESCRIPTION[^]
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
In general, how does each of the following statements describe you?	%	%
I feel in control of my life and future.^{^^}		
Not at all or rarely	10%	13%
Somewhat or sometimes	32%	36%
Very or often	33%	34%
Extremely or almost always	25%	17%
I feel good about myself.		
Not at all or rarely	12%	16%
Somewhat or sometimes	33%	41%
Very or often	35%	29%
Extremely or almost always	21%	14%
I feel good about my future.		
Not at all or rarely	15%	17%
Somewhat or sometimes	32%	42%
Very or often	32%	24%
Extremely or almost always	21%	17%
I deal with disappointment without getting too upset.		
Not at all or rarely	12%	21%
Somewhat or sometimes	35%	45%
Very or often	40%	21%
Extremely or almost always	14%	12%
I find good ways to deal with things that are hard in my life.		
Not at all or rarely	13%	18%
Somewhat or sometimes	34%	48%
Very or often	38%	26%
Extremely or almost always	15%	9%
I am thinking about what my purpose is in life.^{^^^}		
Not at all or rarely	12%	9%
Somewhat or sometimes	29%	25%
Very or often	36%	37%
Extremely or almost always	23%	29%

[^] These items are adapted from the Developmental Assets Profile (DAP) under a license agreement with Search Institute, Minneapolis, MN.

^{^^} On the Level 1 survey, this item was worded 'I can shape and influence what happens in my life and future.'

^{^^^} On the Level 1 survey, this item was worded 'I think about what I want to do in my life when I grow up.'

TABLE 28B
SELF DESCRIPTION[^]
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
In general, how does each of the following statements describe you?	%	%
I say no to things that are dangerous or unhealthy.		
Not at all or rarely	10%	12%
Somewhat or sometimes	30%	30%
Very or often	39%	31%
Extremely or almost always	22%	28%
I build friendships with other people.		
Not at all or rarely	12%	16%
Somewhat or sometimes	38%	39%
Very or often	34%	28%
Extremely or almost always	16%	17%
I express my feelings in proper ways.		
Not at all or rarely	20%	22%
Somewhat or sometimes	34%	42%
Very or often	32%	26%
Extremely or almost always	14%	10%
I plan ahead and make good choices.		
Not at all or rarely	10%	11%
Somewhat or sometimes	42%	43%
Very or often	35%	33%
Extremely or almost always	13%	14%
I stay away from bad influences.		
Not at all or rarely	11%	13%
Somewhat or sometimes	28%	32%
Very or often	40%	32%
Extremely or almost always	21%	23%
I resolve conflicts without anyone getting hurt.		
Not at all or rarely	8%	9%
Somewhat or sometimes	28%	30%
Very or often	44%	37%
Extremely or almost always	19%	24%

[^] These items are adapted from the Developmental Assets Profile (DAP) under a license agreement with Search Institute, Minneapolis, MN.

TABLE 28C
SELF DESCRIPTION^
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
In general, how does each of the following statements describe you?	%	%
I accept people who are different from me.		
Not at all or rarely	5%	2%
Somewhat or sometimes	21%	10%
Very or often	40%	37%
Extremely or almost always	34%	52%
I am sensitive to the needs and feelings of others.		
Not at all or rarely	15%	6%
Somewhat or sometimes	35%	28%
Very or often	34%	33%
Extremely or almost always	16%	33%
I feel valued and appreciated by others.		
Not at all or rarely	12%	13%
Somewhat or sometimes	34%	41%
Very or often	38%	32%
Extremely or almost always	16%	13%
I am included in family tasks and decisions.		
Not at all or rarely	10%	12%
Somewhat or sometimes	31%	30%
Very or often	40%	38%
Extremely or almost always	19%	21%
I am given useful roles and responsibilities.		
Not at all or rarely	7%	8%
Somewhat or sometimes	33%	32%
Very or often	41%	40%
Extremely or almost always	19%	20%

^ These items are adapted from the Developmental Assets Profile (DAP) under a license agreement with Search Institute, Minneapolis, MN.

TABLE 29A
EMOTIONAL WELL-BEING AND DISTRESS*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
Over the last two weeks, how often have you been bothered by...?	%	%
...little interest or pleasure in doing things?		
Not at all	39%	31%
Several days	35%	36%
More than half the days	16%	19%
Nearly every day	10%	14%
...feeling down, depressed or hopeless?		
Not at all	51%	41%
Several days	27%	31%
More than half the days	14%	15%
Nearly every day	8%	14%
...feeling nervous, anxious or on edge?		
Not at all	42%	27%
Several days	33%	36%
More than half the days	14%	19%
Nearly every day	12%	19%
...not being able to stop or control worrying?		
Not at all	52%	36%
Several days	26%	31%
More than half the days	13%	17%
Nearly every day	9%	17%

* Level 1 survey did not ask these questions.

TABLE 29B
EMOTIONAL WELL-BEING AND DISTRESS*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

No data in this table.

* Only the Level 1 survey asked these questions.

TABLE 30
SELF-INFLICTED INJURY; SUICIDAL THOUGHTS AND SUICIDAL BEHAVIOR*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, scratching or bruising yourself on purpose?		
0 times	85%	71%
1 or 2 times	8%	10%
3 to 5 times	1%	6%
6 to 9 times	2%	5%
10 to 19 times	1%	2%
20 or more times	3%	5%
Have you ever seriously considered attempting suicide? (Mark ALL that apply)		
No	76%	55%
Yes, during the last year	11%	19%
Yes, more than a year ago	15%	32%
Have you ever actually attempted suicide? (Mark ALL that apply)		
No	86%	67%
Yes, during the last year	5%	9%
Yes, more than a year ago	9%	27%

* Level 1 survey did not ask these questions.

TABLE 31
PROBLEMATIC AND ANTISOCIAL BEHAVIOR*^
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During the last 12 months, how often have you...	%	%
...run away from home?		
Never	90%	86%
Once or twice	8%	11%
More than 3 times	2%	3%
...damaged or destroyed property?		
Never	76%	85%
Once or twice	18%	12%
More than 3 times	6%	4%
...hit or beat up another person?		
Never	78%	85%
Once or twice	14%	11%
More than 3 times	8%	4%
...taken something from a store without paying for it?		
Never	85%	75%
Once or twice	8%	16%
More than 3 times	7%	9%

* Level 1 survey did not ask these questions.

^ Response options have changed from 2022.

TABLE 32A
GAMBLING BEHAVIOR*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the last 12 months, how often have you gambled, made bets, bought lottery tickets or scratch offs, or made purchases in online games?^		
Not at all	67%	87%
Less than once a month	13%	9%
About once a month	8%	3%
About once a week	4%	0%
2 to 6 times a week	3%	0%
Daily	5%	0%
INCLUDES ONLY THOSE WHO HAVE PARTICIPATED IN ANY GAMBLING ACTIVITIES DURING THE LAST 12 MONTHS: Which of the following activities did you do? (Mark ALL that apply)		
...Bet on informal games of personal skill such as playing cards, video games, pool, golf, etc.^ ^	45%	21%
...Bet on formal sports/events or games including esports^ ^	36%	14%
...Bought lottery tickets or scratch offs^ ^	19%	34%
...Gambled in a casino^ ^	22%	9%
...Purchased mystery or random paid items (weapons/tools, power ups, new graphics, etc.) in online games without previewing the content first^ ^	32%	27%

* Level 1 survey did not ask these questions.

^ New question in 2025.

^ ^ Change in response options from 2022.

TABLE 32B
GAMBLING BEHAVIOR*^
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During the last 12 months, how often have you done the following gambling/betting activities? Includes all respondents, not just those who have gambled in the last 12 months.	%	%
Bet on informal games of personal skill such as playing cards, video games, pool, golf, etc.		
Not at all	87%	96%
Once or twice	5%	2%
Once or twice a month	4%	2%
Once a week	3%	0%
Daily	2%	0%
Bet on formal sports events or games including esports		
Not at all	87%	98%
Once or twice	6%	1%
Once or twice a month	4%	0%
Once a week	2%	0%
Daily	1%	0%
Bought lottery tickets or scratch offs		
Not at all	90%	95%
Once or twice	5%	4%
Once or twice a month	3%	1%
Daily	1%	0%
Gambled in a casino		
Not at all	92%	98%
Once or twice	4%	2%
Once or twice a month	3%	0%
Once a week	0%	0%
Daily	1%	0%
Gambled for money online including loot boxes		
Not at all	90%	98%
Once or twice	4%	0%
Once or twice a month	3%	1%
Once a week	1%	0%
Daily	2%	0%

* Level 1 survey did not ask these questions.

^ Change in response options from 2022.

TABLE 32C
GAMBLING BEHAVIOR*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
INCLUDES ONLY THOSE WHO HAVE PARTICIPATED IN ANY GAMBLING ACTIVITIES DURING THE LAST 12 MONTHS: During the last 12 months, how often have you...	%	%
...hidden your gambling/betting from your parents, other family members or teachers?		
Never	78%	87%
Sometimes	9%	6%
Many times	6%	6%
All of the time	7%	2%
...felt that you might have a problem with gambling/betting?		
Never	78%	90%
Sometimes	13%	4%
Many times	3%	4%
All of the time	6%	2%
...skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?		
Never	84%	90%
Sometimes	11%	6%
Many times	1%	2%
All of the time	4%	2%

* Level 1 survey did not ask these questions.

TABLE 33
SUMMARY OF SUBSTANCE USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Have you EVER used the following?^ (Mark ALL that apply)		
...Nicotine/tobacco	39%	43%
...Alcoholic beverages to drink	33%	41%
...Marijuana (pot, weed) or hashish (hash, hash oil) (Do NOT count medical marijuana prescribed for you by a doctor)	38%	43%
...I have never used any of the above	52%	48%
Use of conventional tobacco products (cigarettes, cigars, smokeless tobacco) during the past 30 days^^		
No	91%	90%
Yes	9%	10%
Use of any tobacco products, including e-cigarettes and hookah, during the past 30 days^^		
No	75%	69%
Yes	25%	31%
Frequent binge drinking in the past year (typically drank 5 or more drinks at a time and drank on 10 or more occasions during the past year)^^		
No	94%	97%
Yes	6%	3%
Any alcohol and/or other drug use during the past year (excluding tobacco)^^		
No alcohol or marijuana or other drug use in the past year	65%	60%
Used only alcohol in the past year	6%	4%
Used alcohol and marijuana in past year, but not other drugs	10%	17%
Used marijuana or other drugs but not alcohol in the past year	15%	12%
Used alcohol and marijuana or other drugs in the past year	4%	8%

* Level 1 survey did not ask these questions.

^ New question in 2025.

^^ This is a computed variable based on combinations of responses to two or more survey items.

TABLE 34
SUBSTANCE ABUSE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

No data in this table.

* Only the Level 1 survey asked these questions.

TABLE 35A
TOBACCO USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the past 12 months, have you used the following?^		
...Nicotine/tobacco	24%	34%
During the last 30 days, on how many days did you smoke a cigarette?^^		
0 days	92%	90%
1 to 19 days	6%	9%
20 or more days	2%	0%
During the last 30 days, on how many days did you smoke cigars, cigarillos or little cigars?^^		
0 days	98%	99%
1 to 19 days	1%	1%
20 or more days	1%	0%
During the last 30 days, on how many days did you use chewing tobacco, snuff or dip?^^		
0 days	97%	99%
1 to 19 days	2%	1%
20 or more days	1%	0%
During the last 30 days, on how many days did you vape or use an e-cigarette that contains nicotine, such as JUUL, VUSE, NJOY, Puff Bar, Blu, or Bidi Stick?^^		
0 days	76%	70%
1 to 19 days	12%	10%
20 or more days	12%	21%
During the last 30 days, on how many days did you use a hookah or a waterpipe to smoke tobacco?^^		
0 days	98%	97%
1 to 19 days	1%	3%
20 or more days	1%	0%

* Level 1 survey did not ask these questions.

^ New question in 2025.

^^ Change in response options from 2022.

TABLE 35B
FLAVORED TOBACCO USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
IF VAPED IN PAST 30 DAYS: Which flavors of ecigarettes (or e-juice) have you used in the past 30 days? (Mark ALL that apply)		
Tobacco-flavored	7%	5%
Menthol or mint	44%	41%
Clove or spice	3%	1%
Fruit	70%	69%
Chocolate	1%	2%
An alcoholic drink	10%	7%
A non-alcoholic drink	7%	7%
Candy, desserts, or other sweets	29%	22%
Some other flavor	23%	25%
No flavor (unflavored)	7%	4%
IF VAPED IN PAST 30 DAYS: Student used a flavored e-cigarette in the past 30 days^		
No	12%	7%
Yes	88%	93%
IF SMOKED CIGARETTE IN PAST 30 DAYS: Student smoked a flavored (i.e., menthol) cigarette in the past 30 days		
No	38%	52%
Yes	62%	48%
IF PAST 30 DAYS TOBACCO USE: Student used a flavored tobacco product in the past 30 days^^		
No	11%	8%
Yes	89%	92%

* Level 1 survey did not ask these questions.

^ Tobacco-flavor is excluded from the definition of flavored e-cigarettes.

^^ This is a computed variable based on combinations of responses to two or more survey items.

TABLE 36
ACCESS TO E-CIGARETTES*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
IF VAPED IN PAST 30 DAYS: When you vaped or used an e-cigarette during the last 30 days, how did you get it? (Mark ALL that apply)		
I bought it at stores other than vape/tobacco shops (e.g., gas stations, convenience stores, grocery stores, discount stores, drug stores)^	11%	7%
I bought it on the internet	1%	6%
I bought it at vape shops or other stores that sell only e-cigarettes	19%	24%
I got it from friends	35%	39%
I got it from my parents or other family members^	6%	8%
I got it by getting someone else to buy it for me	14%	25%
I took it from my home or a friend's home^	6%	3%
I got it some other way	42%	34%
I got it at parties^	4%	4%

* Level 1 survey did not ask this question.

^ New response option in 2025.

TABLE 37
EXPOSURE TO SECONDHAND SMOKE AND SECONDHAND AEROSOL*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

No data in this table.

* Only the Level 1 survey asked these questions.

TABLE 38
ALCOHOL USE FREQUENCY AND QUANTITY*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the past 12 months, have you used the following?^		
...Alcoholic beverages to drink	20%	29%
During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?^ ^		
0 days	86%	81%
1-19 days	12%	17%
20 or more days	2%	1%
During the last 12 months, on how many occasions have you had alcoholic beverages to drink?^ ^		
0	76%	68%
1-2	9%	13%
3-9	8%	12%
10 or more	8%	7%
If you drink beer/wine/wine coolers/liquor, generally how much do you drink at one time?		
No alcohol use	74%	66%
1 glass/can/drink	7%	9%
2 glasses/cans/drinks	3%	6%
3 glasses/cans/drinks	3%	6%
4 glasses/cans/drinks	2%	3%
5 or more glasses/cans/drinks	11%	9%
Binge drinking (4 or more drinks in a row (females) or 5 or more drinks in a row (males) within a couple of hours)^ ^ ^		
0 days	93%	91%
1 to 19 days	6%	8%
20 or more days	2%	1%

* Level 1 survey did not ask these questions.

^ New question in 2025.

^ ^ Change in response options from 2022.

^ ^ ^ This is a computed variable based on combinations of responses to two or more survey items.

TABLE 39
ACCESS TO ALCOHOL*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
INCLUDES ONLY THOSE WHO USED ALCOHOL IN THE LAST 30 DAYS	%	%
When you used alcohol during the last 30 days, how did you get it? (Mark ALL that apply)		
I bought it at bars or restaurants or stores other than liquor stores (e.g., gas stations, convenience stores, grocery stores, discount stores, drug stores)^	2%	1%
I bought it at liquor stores or other stores that sell only alcohol	15%	11%
I bought alcohol on the internet	2%	0%
I got alcohol from friends	40%	40%
I got alcohol from my parents or other family members^	10%	12%
I got alcohol by getting someone else to buy it for me	8%	19%
I got alcohol at parties	18%	21%
I took alcohol from my home or a friend's home^	5%	18%
I got alcohol some other way	30%	25%

* Level 1 survey did not ask these questions.

^ New response option in 2025.

TABLE 40
USE OF MARIJUANA*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the past 12 months, have you used the following?^		
...Marijuana (pot, weed) or hashish (hash, hash oil) (Do NOT count medical marijuana prescribed for you by a doctor)	24%	33%
During the last 30 days, on how many days did you use marijuana?^^		
0 days	77%	71%
1-19 days	11%	14%
20 or more days	12%	15%
IF EVER USED MARIJUANA, how old were you when you tried marijuana for the first time?^		
8 years old or younger	5%	3%
9 or 10 years old	6%	8%
11 or 12 years old	14%	24%
13 or 14 years old	32%	44%
15 or 16 years old	36%	20%
17 years old or older	7%	1%
IF USED MARIJUANA IN THE PAST 30 DAYS, in which ways did you use marijuana or other THC-containing products (e.g., edibles, beverages)? (Mark ALL that apply)^		
Smoke it (for example, in a joint, bong, pipe, or blunt)	84%	83%
Eat it (for example, in gummies, brownies, cakes, cookies, or candy)	36%	32%
Drink it (for example, in seltzers, tea, cola, or alcohol)	11%	8%
Vape it (for example, in an e-cigarette-like vaporizer or another vaporizing)	63%	75%
Dab it (for example, using a dabbing rig, knife, or dab pen)	27%	23%
Use it some other way	7%	5%

* Level 1 survey did not ask these questions.

^ New question in 2025.

^^ Change in response options from 2022.

TABLE 41
ACCESS TO MARIJUANA**
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
INCLUDES ONLY THOSE WHO USED MARIJUANA IN THE LAST 30 DAYS	%	%
When you used marijuana or other THC-containing products (e.g., edibles, beverages) during the last 30 days, how did you get it? (Mark ALL that apply)		
I bought it at dispensaries or other stores that sells only marijuana and other THC-containing products	10%	8%
I bought it at bars or restaurants or stores other than dispensaries (e.g., gas stations, convenience stores, grocery stores, discount stores, drug stores)	4%	2%
I bought it on the internet	9%	5%
I got it from friends	46%	57%
I got it from my parents or other family members	17%	9%
I got it by getting someone else to buy it for me	16%	16%
I got it at parties	4%	7%
I took it from my home or a friend's home	3%	4%
I got it some other way	48%	33%

* Level 1 survey did not ask these questions.

^ New question in 2025.

TABLE 42
PRESCRIPTION AND OVER-THE-COUNTER DRUG USE*[^]
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the past 12 months, have you used the following?^		
...Over-the-counter drugs such as cough syrup, cold medicine, or diet pills that you took only to get high	2%	3%
...Prescription stimulants such as Amphetamines or diet pills, without a doctor's prescription or differently than how a doctor told you to use it	1%	2%
...Prescription ADHD or ADD drugs (Ritalin, Adderall, hyper pills), without a doctor's prescription or differently than how a doctor told you to use it	2%	2%
...Prescription pain relievers (OxyContin, Percocet, Vicodin, or others), without a doctor's prescription or differently than how a doctor told you to use it	3%	3%
...Prescription tranquilizers (Valium, Xanax, Klonopin, Ativan, anxiety pills, sedatives, or benzos (downers)), without a doctor's prescription or differently tha	2%	3%

* Level 1 survey did not ask these questions.

^ Change in response options from 2022.

TABLE 43
OTHER DRUG AND INHALANT USE*^
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
During the past 12 months, have you used the following?^		
...Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high	2%	1%
...LSD (acid), PCP (wet sticks or dipped joints) or other psychedelics (mushrooms, angel dust)	4%	5%
...MDMA (E, X, ecstasy, Molly), GHB (G, Liquid E, Liquid X, roofies), or Ketamine (Special K)	1%	1%
...Crack, coke, or cocaine in any form	2%	2%
...Heroin (smack, junk, China White)	1%	0%
...Methamphetamine (meth, glass, crank, crystal meth, ice)	1%	1%
...Synthetic marijuana (K2, Gold) that you took only to get high	1%	1%
...Any other synthetic drugs such as bath salts (Ivory Wave, White Lightning) that you took only to get high	1%	0%

* Level 1 survey did not ask these questions.

^ Change in response options from 2022.

TABLE 44
PERCEIVED RISK OF HARM FROM SUBSTANCE USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
How much do you think people risk harming themselves physically or in other ways if they...	%	%
...smoke one or more packs of cigarettes per day?		
No risk	24%	19%
Slight risk	10%	10%
Moderate risk	25%	23%
Great risk	42%	49%
...have five or more drinks of an alcoholic beverage once or twice per week?		
No risk	26%	17%
Slight risk	19%	19%
Moderate risk	25%	30%
Great risk	30%	34%
...use marijuana once or twice per week?		
No risk	43%	36%
Slight risk	32%	33%
Moderate risk	12%	19%
Great risk	13%	12%
...use prescription drugs not prescribed for them?		
No risk	23%	17%
Slight risk	11%	10%
Moderate risk	23%	22%
Great risk	43%	52%
...vape or use e-cigarettes?		
No risk	24%	18%
Slight risk	25%	26%
Moderate risk	28%	28%
Great risk	23%	28%

* Level 1 survey did not ask these questions.

TABLE 45A
PERCEPTIONS OF PARENTS' DISAPPROVAL OF SUBSTANCE USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
How wrong do your PARENTS feel it would be for you to...	%	%
...smoke cigarettes?		
Not at all wrong	9%	8%
A little bit wrong	10%	10%
Wrong	23%	24%
Very wrong	59%	58%
...have one or more drinks of an alcoholic beverage nearly every day?		
Not at all wrong	9%	6%
A little bit wrong	8%	9%
Wrong	22%	21%
Very wrong	61%	64%
...use marijuana?		
Not at all wrong	19%	16%
A little bit wrong	16%	19%
Wrong	19%	19%
Very wrong	47%	46%
...use prescription drugs not prescribed for you?		
Not at all wrong	7%	6%
A little bit wrong	4%	4%
Wrong	17%	16%
Very wrong	71%	75%
...vape or use e-cigarettes?		
Not at all wrong	11%	11%
A little bit wrong	15%	16%
Wrong	22%	22%
Very wrong	52%	51%

* Level 1 survey did not ask these questions.

TABLE 45B
PERCEPTIONS OF FRIENDS' DISAPPROVAL OF SUBSTANCE USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
How wrong do your FRIENDS feel it would be for you to...	%	%
...smoke cigarettes?		
Not at all wrong	23%	22%
A little bit wrong	17%	17%
Wrong	22%	22%
Very wrong	37%	39%
...have one or more drinks of alcoholic beverage nearly every day?		
Not at all wrong	23%	17%
A little bit wrong	20%	20%
Wrong	24%	28%
Very wrong	34%	36%
...use marijuana?		
Not at all wrong	39%	39%
A little bit wrong	19%	19%
Wrong	16%	16%
Very wrong	26%	25%
...use prescription drugs not prescribed for you?		
Not at all wrong	14%	11%
A little bit wrong	11%	10%
Wrong	25%	24%
Very wrong	50%	55%
...vape or use e-cigarettes?		
Not at all wrong	33%	32%
A little bit wrong	17%	23%
Wrong	19%	17%
Very wrong	31%	28%

* Level 1 survey did not ask these questions.

TABLE 46
PERCEPTIONS ABOUT ALCOHOL USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
How do you feel about each of the following statements? - Parents and other adults should clearly communicate with their children about the importance of not using alcohol.		
Strongly agree	46%	45%
Agree	37%	38%
Neither agree nor disagree	12%	10%
Disagree	2%	1%
Strongly disagree	3%	6%
How do you feel about each of the following statements? - Drinking alcohol is never a good thing for anyone my age to do.		
Strongly agree	43%	43%
Agree	29%	28%
Neither agree nor disagree	20%	20%
Disagree	4%	2%
Strongly disagree	4%	7%
In your opinion, how do you think MOST STUDENTS in your school feel about each of the following statements? - Parents and other adults should clearly communicate with their children about the importance of not using alcohol.		
Strongly agree	33%	24%
Agree	34%	36%
Neither agree nor disagree	26%	32%
Disagree	3%	4%
Strongly disagree	4%	4%
In your opinion, how do you think MOST STUDENTS in your school feel about each of the following statements? - Drinking alcohol is never a good thing for anyone my age to do.		
Strongly agree	28%	22%
Agree	29%	27%
Neither agree nor disagree	30%	34%
Disagree	8%	11%
Strongly disagree	6%	6%

* Level 1 survey did not ask these questions.

TABLE 47A
USE OF TOBACCO, ALCOHOL, MARIJUANA AND E-CIGARETTES*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
How often do you use each of the following?	%	%
Tobacco (cigarettes, chew) ^		
Never	83%	81%
Tried once or twice	8%	9%
Once or twice a month	6%	6%
Once a week	2%	2%
Daily	2%	1%
Alcohol (beer, wine, liquor) ^		
Never	66%	61%
Tried once or twice	19%	21%
Once or twice a month	11%	15%
Once a week	3%	2%
Daily	1%	1%
Marijuana (pot, hash, hash oil) ^		
Never	66%	60%
Tried once or twice	12%	12%
Once or twice a month	4%	9%
Once a week	7%	7%
Daily	11%	11%
Vaping device or e-cigarette with nicotine ^		
Never	68%	57%
Tried once or twice	14%	13%
Once or twice a month	4%	5%
Once a week	4%	5%
Daily	11%	21%
Vaping device or e-cigarette with marijuana, THC or hash oil, or THC wax ^		
Never	68%	65%
Tried once or twice	11%	11%
Once or twice a month	6%	8%
Once a week	5%	6%
Daily	11%	11%
IF USED ALCOHOL AND MARIJUANA: In the last year, how often did you use alcohol and marijuana or other THC-containing products (e.g., edibles, beverages) at the same time? ^^		
Usually	38%	33%
Sometimes	48%	47%
Never	14%	21%

* Level 1 survey did not ask these questions.

^ Change in response options from 2022.

^^ New question in 2025.

TABLE 47B
PERCEPTIONS OF OTHERS' USE OF TOBACCO, ALCOHOL, MARIJUANA AND E-CIGARETTES*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
In your opinion, how often do you think MOST STUDENTS in your school use each of the following?	%	%
Tobacco (cigarettes, chew) ^		
Never	46%	35%
Tried once or twice	23%	26%
Once or twice a month	11%	15%
Once a week	7%	11%
Daily	13%	13%
Alcohol (beer, wine, liquor) ^		
Never	34%	25%
Tried once or twice	23%	13%
Once or twice a month	16%	28%
Once a week	16%	24%
Daily	11%	10%
Marijuana (pot, hash, hash oil) ^		
Never	33%	24%
Tried once or twice	17%	12%
Once or twice a month	12%	12%
Once a week	10%	18%
Daily	28%	34%
Vaping device or e-cigarette with nicotine ^		
Never	31%	22%
Tried once or twice	14%	11%
Once or twice a month	9%	6%
Once a week	7%	8%
Daily	38%	53%
Vaping device or e-cigarette with marijuana, THC or hash oil, or THC wax ^		
Never	33%	25%
Tried once or twice	17%	13%
Once or twice a month	12%	9%
Once a week	7%	10%
Daily	31%	43%

* Level 1 survey did not ask these questions.

^ Change in response options from 2022.

TABLE 48A
CONSEQUENCES OF SUBSTANCE USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During the last 12 months ...	%	%
IF USED: Have you found that you had to use a lot more alcohol or drugs than before to get the same effect?		
Yes	30%	33%
No	70%	67%
IF USED: Have you tried to cut down on your use of alcohol or drugs but couldn't?		
Yes	17%	24%
No	83%	76%
IF USED: Have you continued to use alcohol or drugs even though you knew it was hurting your relationships with friends or family?		
Yes	18%	26%
No	82%	74%
IF USED: Were there any times when you felt such a strong desire or urge to drink alcohol or to use a drug that you couldn't resist or could not think of anything else?		
Yes	24%	38%
No	76%	62%
IF USED: How many times have you spent all or most of the day using alcohol or drugs, or getting over their effects?		
0 times	63%	62%
1 time	10%	11%
2 times	10%	10%
3 or more times	17%	18%
IF USED: How many times have you given up important social or recreational activities like sports or being with friends or relatives to use alcohol or drugs or to get over their effects?		
0 times	83%	76%
1 time	7%	9%
2 times	1%	5%
3 or more times	9%	10%
IF USED: How many times have you missed work or school, or neglected other major responsibilities because of alcohol or drug use?		
0 times	87%	80%
1 time	2%	11%
2 times	4%	2%
3 or more times	7%	7%

* Level 1 survey did not ask these questions.

TABLE 48B
CONSEQUENCES OF SUBSTANCE USE*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
During the last 12 months ...	%	%
IF USED: How many times have you driven a motor vehicle after using alcohol or drugs?*		
0 times	79%	85%
1 time	6%	8%
2 times	2%	2%
3 or more times	13%	5%
IF USED: How many times have you hit someone or become violent while using alcohol or drugs?		
0 times	89%	88%
1 time	5%	7%
2 times	1%	2%
3 or more times	5%	4%
IF USED: How many times have you used so much alcohol or drugs that the next day you could not remember what you had said or done?		
0 times	73%	62%
1 time	12%	14%
2 times	4%	11%
3 or more times	11%	14%
IF USED: How many times have you used more alcohol or drugs than you intended to?		
0 times	68%	62%
1 time	17%	10%
2 times	3%	10%
3 or more times	12%	18%
IF USED: How many times has alcohol or drug use left you feeling depressed, agitated, paranoid, or unable to concentrate?		
0 times	68%	59%
1 time	9%	10%
2 times	5%	10%
3 or more times	18%	20%

* Level 1 survey did not ask these questions.

** Level 2 survey did not ask this question.

TABLE 49
SEXUAL BEHAVIOR*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
Have you ever had sex?		
Yes	52%	45%
No	48%	55%
IF EVER HAD SEX: During the last 12 months, how many different partners have you had sex with?^		
None	59%	60%
1 person	23%	24%
2 persons	7%	9%
3 persons	6%	3%
4 or more persons	5%	3%
IF EVER HAD SEX: Did you drink alcohol or use drugs before you had sex the LAST time?		
Yes	23%	19%
No	77%	81%

* Level 1 & 2 surveys did not ask these questions.

^ Change in response option from 2022.

TABLE 50
PREVENTION OF PREGNANCY AND INFECTION*
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
INCLUDES ONLY THOSE WHO HAVE EVER HAD SEX	%	%
Have you talked with your partner(s) about protecting yourselves from getting sexually transmitted infections/HIV/AIDS?		
Never	21%	14%
Not with every partner	13%	15%
At least once with every partner	53%	60%
Does not apply to me^	12%	11%
Have you talked with your partner(s) about preventing pregnancy?		
Never	18%	10%
Not with every partner	9%	11%
At least once with every partner	58%	65%
Does not apply to me^	14%	14%
The LAST time you had sex, what method or methods did you or your partner use to prevent pregnancy? (Mark ALL that apply)		
No method was used to prevent pregnancy	16%	14%
Birth control pills	24%	22%
Condoms	44%	43%
Birth control shot, ring, or patch^^	7%	13%
Implant or IUD^^	10%	18%
Withdrawal	9%	7%
Not sure	8%	3%
Not applicable	10%	6%
The LAST time you had sex, did you or your partner use a condom or dental dam (barrier)?^^^		
Yes	50%	48%
No	50%	52%

* Level 1 & 2 surveys did not ask these questions.

^ New response option in 2025.

^^ Change in response option wording from 2022.

^^^ Change in question wording from 2022.

TABLE 51
RESOURCES IN THE HOME (PROXY FOR SES)^
ALTERNATIVE SCHOOLS AND AREA LEARNING CENTERS

	Level	
	3	
	Male	Female
	%	%
About how many books are there in your home?		
Few (0-10)	39%	29%
Enough to fill one shelf (11-25)	28%	24%
Enough to fill one bookcase (26-100)	23%	31%
Enough to fill several bookcases (more than 100)	10%	15%
Do you have any of the following in your home?		
...Access to the internet	98%	98%
...Your own bedroom	93%	88%
...A desktop or laptop computer (including Chromebooks) that you can use	81%	83%
...A tablet (for example, Surface Pro, iPad, Kindle Fire) that you can use	48%	62%
...A smartphone (for example, iPhone, Samsung Galaxy, HTC One) that you can use	98%	97%

^ Source: National Assessment of Educational Progress (NAEP)
 (https://nces.ed.gov/nationsreportcard/pdf/researchcenter/socioeconomic_factors.pdf).