



SURVEY LITTER FORM

Name: _____

1. What items would you consider to be litter?
 - a. Food wrappings
 - b. Bottles
 - c. Cans
 - d. Fallen leaves
 - e. Twigs
 - f. Papers
 - g. Bags
 - h. None of these
2. How would you rate the quality of the grounds surrounding this building in relation to the grounds of other buildings in this neighborhood?
 - a. Highly littered
 - b. Slightly littered
 - c. Not littered
3. Have you noticed a lot of litter on our campus?
 - a. Yes
 - b. No
 - c. Never noticed
4. Where on the school grounds do you see the most litter?
 - a. Playground
 - b. Classrooms
 - c. Hallways
 - d. Parking lot
 - e. Entrance
 - f. Roadside
 - g. No litter noticed
5. Whose job is it to keep the campus clean?
 - a. Custodial staff
 - b. Teaching staff
 - c. Students
 - d. Parents
 - e. Other
6. Have you dropped litter on the school grounds?
 - a. Often
 - b. Sometimes
 - c. Never