



Survey for Grades 9-12

Welcome to the UCDSB Student Survey where all students are invited to complete the ***We All Belong Student Survey***.

As a student in Grades 9-12 in the UCDSB, you are invited to complete this survey. We want to know more about you so that we can support your learning and well-being, and ensure students feel safe and accepted within our school system. To do this work, we recognize the need for evidence-based data to make informed decisions that support our students and how they are being served. The survey information will help us to:

- better understand the demographics of our student population;
- identify and address barriers to student learning and well-being;
- make evidence-informed decisions;
- establish effective programs; and
- allocate resources according to student needs to create conditions for student success

Some reminders before you start:

- ✓ The survey is **voluntary** and **confidential**. No one at your school will read or have access to your responses.
- ✓ Your participation is important! A high survey completion will allow for more complete information about school communities and help us to provide better supports to students.
- ✓ This survey should take up to 20 minutes to complete.
- ✓ You may choose to skip any question and move on to the next question.
- ✓ If you do not understand any questions, please ask your teacher for help. It is important that you answer the questions on your own and not discuss them with other students.
- ✓ The answers you provide will help us serve you and other students better throughout the Upper Canada District School Board.

Reflecting on your life and your circumstances can be difficult and questions in this survey may lead to discomfort or upset. If you are experiencing difficult emotions during or following the completion of this survey, we encourage you to reach out for support. You can reach the Kids Help Phone at 1.800.668.6868 or find a listing of mental health supports in your community on UCDSB's [Mental Health and Wellness - Community Supports and Services](#) webpage.

If you have any questions or require accessibility support, please contact Kathleen.Moss@ucdsb.on.ca

I agree to complete this survey.

- Yes
- No

Thank you for your participation!

Based on top languages spoken in Ontario (2016 Census Data).

Language(s) First Spoken

Q1. What is the first languages(s) you learned to speak as a child? Select all that apply.

- American Sign Language
- Albanian
- Arabic
- Bengali
- Chinese
- Croatian
- Dari
- Dutch
- English
- Farsi
- French
- German
- Greek
- Gujarati
- Hebrew
- Hindi
- Hungarian
- Indigenous language(s) Drop down menu
- Italian
- Japanese
- Korean
- Malayalam
- Polish
- Portuguese
- Punjabi
- Russian
- Serbian
- Somali
- Spanish
- Tagalog
- Tamil

- Ukrainian
- Urdu
- Vietnamese
- A language(s) not listed above (please specify):

- Not sure

Indigenous Identity

Q2. Do you identify as First Nations, Métis, and/or Inuit?

- No
- Yes, First Nations
- Yes, Métis
- Yes, Inuit

If yes, you may provide additional information about the band, nation, territory, region, or community to which you belong:

Ethnic Origin

Q3. Do you consider yourself Canadian?

- Yes
- No
- Not Sure

Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic and/or religious characteristics.

Q4. What is your ethnic or cultural origin(s)? Please specify as many as applicable.

- Anishnaabe
- Canadian
- Chinese
- Colombian
- Cree
- Dutch
- East Indian
- English
- French
- Filipino
- German
- Guyanese
- Haudenosaunee
- Inuit

- Iranian
- Irish
- Italian
- Jamaican
- Jewish
- Korean
- Lebanese
- Métis
- Mi'kmaq
- Ojibwé
- Pakistani
- Polish
- Portuguese
- Scottish
- Somali
- Sri Lankan
- Ukrainian,
- If not stated, please specify:

Status in Canada

Q5. Were you born in Canada?

- Yes
- No

If no, are you currently:

- A Canadian citizen
- An international student (enrolled through a study permit)
- A landed immigrant/permanent resident
- A refugee claimant
- Not Sure
- I do not understand this question

People are often described as belonging to a certain “race” based how others see and behave towards them. These ideas about who belongs to what race are usually based on physical features such as skin colour. Ideas about race are often imposed on people by others in ways which can affect their life experiences and how they are treated. Race is often confused with ethnicity, but there can often be several ethnicities within a racialized group.

Race

Q6. In our society, people are often described by their race or racial background. Which racial group(s) best describes you? Select all that apply.

- Black (African, Afro-Caribbean, African-Canadian descent)
- East Asian (Chinese, Korean, Japanese, Taiwanese descent)
- Indigenous (First Nations, Métis, Inuit descent)
- Latino/Latina/Latinx (Latin American, Hispanic descent)
- Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- South Asian (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White (European descent)
- A racial group(s) not listed above. (Please specify):

People can be treated differently based on their religion, or perceived religion, which can lead to negative impacts and unequal outcomes. Islamophobia and antisemitism are examples of the way religion can be racialized. People can experience racism not only based on skin colour but also other perceived characteristics that are associated with religion.

Religion or Spiritual Affiliation

Q7. What is your religion, faith, creed, and/or spiritual affiliation? Select all that apply.

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Indigenous Spirituality
- Jewish
- Muslim
- Sikh
- Spiritual, but not religious
- No religious or spiritual affiliation
- Religion(s) or spiritual affiliation(s) not listed above (please specify):

- Not sure
- I do not understand this question

Gender identity refers to a person’s internal sense or feeling of being a woman, a man, both, neither or anywhere on the gender spectrum, which may or may not be the same as the person’s sex assigned at birth (e.g., male, female, intersex). It is different from and does not determine a person’s sexual orientation.

Gender Identity

Q8. What is your gender identity? Select all that apply.

- Boy/man
- Gender Fluid (Person whose gender identity is experienced as on a spectrum that varies over time)
- Gender Nonconforming
- Girl/woman
- Non-Binary
- Questioning
- Trans boy or man
- Trans girl or woman
- Two-Spirit (Indigenous person whose gender identity, spiritual identity, or sexual orientation includes masculine, feminine, or non-binary spirits)
- Gender identity(ies) not listed above (please specify):

- Not sure
- I do not understand this question
- I prefer not to answer

Sexual orientation refers to a person’s sense of sexual attraction to people of the same or different sex.

Sexual Orientation

Q9. What is your sexual orientation? Select all that apply.

- Straight / heterosexual (Person whose enduring physical, romantic, and/or emotional attraction is to people of the opposite sex)
- Lesbian (Woman/girl whose enduring physical, romantic, and/or emotional attraction is to other women/girls)
- Gay (Person whose enduring physical, romantic, and/or emotional attraction are to people of the same sex)
- Bisexual (Person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender)
- Two-Spirit (An indigenous person whose gender identity, spiritual identity, or sexual orientation includes masculine, feminine or non-binary spirits)
- Queer (Person whose sexual orientation is not exclusively heterosexual)

- Questioning (Person who is unsure or still exploring their sexual orientation)
- Asexual (Person who experiences little or no sexual attraction)
- Pansexual (Person who is attracted sexually, romantically, or emotionally to all genders)
- A sexual orientation(s) not listed above (please specify):

- Not Sure
- I do not understand this question
- I prefer not to answer

A disability may be physical, mental, behavioural, developmental, sensory, communicational or a combination of any of these. Barriers such as settings that are hard to access (like school, shops or public places), negative attitudes, and barriers to information contribute to a person's experience of having a disability

Disability

Q10. Do you consider yourself to be a person with a disability or disabilities? (Select one answer only)

- No
- Yes
- I do not understand this question
- I prefer not to answer

If yes, select all that apply.

- Addiction(s)
- Autism Spectrum Disorder
- Blind or low vision
- Deaf or hard of hearing
- Developmental disability(ies)
- Learning disability(ies)
- Mental health disability(ies)
- Mobility
- Pain
- Physical disability(ies)
- Speech impairment
- Any disability(ies) not listed above (please specify):

Household Information: Socio-economic Status

Q11. In your home do you have access to: (Yes, No, Not Sure)

- A quiet place to study

- Access to the Internet
- Stable Wi-Fi connection
- A computer or electronic device
- Food and groceries
- A musical instrument
- Cell phone with a data plan

Q12. Who do you live with most of the time? (Select one answer only)

- Two-parents
- One-parent
- Grandparents
- Relative (e.g., Aunt or Uncle)
- Guardian
- Foster parent
- Friend
- A person not listed
- I'm living on my own
- I'm living in a group residential home
- Not Sure

Q13. Have you considered yourself to be homeless in the last twelve months (e.g., living in shelters, living in cars, abandoned buildings or couch surfing)?

- Yes
- No
- Not Sure

Q14. What is the highest level of education of the person you live with? If you live with two people, choose the person with the highest level of education.

- University
- College
- Apprenticeship
- Secondary School
- Elementary School
- Did not complete any formal education
- Not Sure

Q15. What is this person's employment status?

- Works full-time
- Works part-time
- Self-employed (e.g., has own business)
- Looking for work
- Stay-at-home parent/guardian
- Retired
- Not Sure

Student Experiences in School and Outside of School

Q16. Do you feel welcome or comfortable at school?

- Yes
- No
- Not Sure

If you do not feel welcome or comfortable at school, why do you feel unwelcome or uncomfortable at school? Select all that apply.

- A disability
- Family income level
- Gender identity
- Grades or marks
- Hobbies, activities, and/or interests
- Language spoken
- Race, cultural background, or skin colour
- Religion or spirituality
- Sexual orientation
- The way you dress
- The way you look

Sense of Belonging

Q17. How do you feel about your school: (All the time, Often, Sometimes, Rarely, Never)

- I enjoy being at school
- I feel I belong in this school
- I get along with other students in my school
- I feel accepted by other students in my school
- My identity is welcome at school and I can express my identity
- I have opportunities to learn about my own background & identity
- I have the opportunity to learn about the background & identity of others
- I feel part of the school community
- I am interested and motivated to learn
- I have the same opportunities for a quality education as other students
- Extra help is available at my school when I need it

Q18. How do you feel about your teachers and school staff: (All/Most of them, Some of them, One or two of them, None of them)

- I feel accepted by staff and adults in the school
- My teachers expect me to succeed at school
- I am satisfied with the ways my teachers teach me
- I feel supported by my teachers
- I feel comfortable discussing a problem with my teachers or guidance counsellor
- My teachers encourage me at school
- My teachers respect my background (e.g., cultural, racial, religion)

Q19. Do you feel that there is at least one caring adult who cares about you, wants you to do well and helps you to do well at school?

- Yes
- No
- Not Sure

Q20. Have you experienced being stereotyped, prejudice or discrimination at school as a result of your: (All the time, Often, Sometimes, Rarely, Never)

- Grades or achievement level
- Appearance
- Clothing
- Disability
- Family income
- Family structure
- Family values
- First language
- Gender identity
- Sexual orientation
- Ethnic background
- Indigenous background (e.g., First Nations, Métis, Inuit)
- Race
- Religion or Faith
- Hobbies, activities, and/or interests
- Other Please specify:

Q21. In general, how often do you: (All the time, Often, Sometimes, Rarely, Never)

- Feel good about yourself
- Hopeful about the future
- Feel happy
- Enjoy daily activities
- Participate in extra-curricular activities at school (clubs, teams, band, tech)
- Lonely
- Nervous or worried
- Feel irritable or in a bad mood
- Feel tired in the morning
- Complain of headaches/stomach aches
- Not want to go to school
- Feel anxious about social/mainstream media coverage
- Under a lot of stress or pressure

Q22. If you required mental health support, would you feel comfortable asking for help with your mental health at school?

- Yes

- No
- Not Sure

Q23. At my school, I see myself/my identity reflected positively in: (All the time, Often, Sometimes, Rarely, Never)

- Pictures, posters and displays in school
- Displays of student work
- Materials used in class (lessons or curriculum content-topics, books, video clips in class)
- Topics we study in class
- Extra-curricular activities
- School events/activities, special events and celebrations at school
- School publications (school yearbook, school newsletter, school websites or school social media)

Q24. In your school, how often *have you learned about* the experiences and/or achievements of: (Often, Sometimes, Never)

- People with Disabilities
- Mental Health & Wellness
- Women and Girls
- People of many races, cultures, and skin colours
- Indigenous Peoples (First Nation, Métis, Inuit)
- LGBTQ2S+ People
- People with different income levels

Q25. In your school, *what would you want* other students to learn more about and for teachers to teach in the classroom? (Select all that apply)

- People with Disabilities
- Mental Health & Wellness
- Women and Girls
- People of many races, cultures, and skin colours
- Indigenous Peoples (First Nation, Métis, Inuit)
- LGBTQ2S+ People
- People with different income levels

Q26. This school year, are you participating in school activities, teams or clubs?

- Yes
- No
- Not Sure

Q27. Are there school activities, teams or clubs that you are part of or would like to take part in but do not feel that you are welcome or that you belong?

- Yes
- No
- Not Sure

Q28. If you have been absent from school this year, please select all that apply.

- Academic pressure (e.g., course is too challenging, too many assignments to manage)
- Don't like school
- Extracurricular school activities
- Family reasons (e.g., taking care of siblings)
- Fear of being bullied
- Not getting along with adults at school
- Not getting along with other students
- School is not important
- Sickness or medical reasons
- Too tired or slept in
- Transportation late or not available
- Unhappy and/or anxious
- Weather
- Other, not listed. Please specify:

Learning Skills & Pathways

Q29. What do you want to learn more about? (Select all that apply)

- Academic Skill Preparedness (how to improve skills and outcomes in reading, writing, and math)
- Mental Health and Wellness
- Land-based learning (e.g., outdoor learning on the land such as fishing, gardening)
- Real-World Learning (e.g., participating in practical, hands-on projects)
- Time Management
- Financial literacy
- Social Media (positive use)
- Bullying
- Study Skills
- Careers

The next two questions are for grade 12 students. If you are not a grade 12 student, please skip to Q31.

Q30. What do you plan to do after secondary school?

- An apprenticeship
- Attend college
- Attend university
- Work full-time
- Take a year off
- Other plan(s)
- Not Sure

If you plan on attending post-secondary, do you feel prepared?

- Yes
- No
- Not Sure

Safety & Bullying

Q31. To the best of your knowledge during the school year, how often have you been: (All the time, Often, Sometimes, Rarely, Never)

- Worried about being bullied at school?
- Physically bullied at school (e.g., pushed, punched, or scared by someone)
- Cyber bullied? (e.g., called names, teased, threatened by email, text messages, or social media)
- Socially bullied at school? (e.g., excluded by others, had rumors spread about you, or had someone try to make you look bad)
- Verbally bullied at school? (e.g., called names, teased, threatened, or received negative comments)
- Felt you would be comfortable reporting bullying to teachers or other school adults if you and/or others were bullied?

Q32. Please indicate your level of agreement with each of the following statements regarding your sense of safety: (Agree, Disagree, Not Sure)

- I feel safe in the classroom
- I feel safe in other areas of the schools (e.g., gym, cafeteria, washroom, hallway)
- I feel safe outside on school property (e.g., schoolyard, school parking lot)
- I feel safe in the neighbourhood beside/ around the school
- I feel safe at sporting events, school activities, assemblies
- I feel safe on my way to school and from school
- I feel safe on the bus
- I feel safe when using information technology and on social media (e.g., email, texting, Instagram, Facebook, Twitter, Snapchat)

Thank you for your participation!

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This information is collected under the authority of the Education Act, R.S.O. 1990, Sections 169.1, 170 (1) and 171 (1), the Antiracism Act 2017, and in accordance with Section 29 (2) of the Municipal Freedom of Information and Protection of Privacy Act.