

- ✓ 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) your child learned to speak? 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. Does your child 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 they belong:

Ethnic Origin

Q3. Does your child consider themselves a 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 child's 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. Was your child born in Canada?

- Yes
- No

If no, is your child 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 your child? 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 child’s 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 child’s 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

Please note, K-8 parents do not answer Q9 on sexual orientation. You will skip to Q10.

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. Does your child have 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 does your child 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 does your child 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
- My child is living on their own
- My child is living in a group residential home
- Not Sure

Q13. Has your child been 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 your child lives with? If they 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. Does your child feel welcome or comfortable at school?

- Yes
- No
- Not Sure

If they do not feel welcome or comfortable at school, why do they 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
- The way they dress
- The way they look

Sense of Belonging

Q17. Answering with your child, how does your child feel about their 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. Answering with your child, how does your child feel about their 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. Does your child feel that there is at least one caring adult who cares about them, wants them to do well and helps them to do well at school?

- Yes
- No
- Not Sure

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

- Grades or achievement level
- Appearance
- Clothing
- Disability
- Family income
- Family structure
- Family values
- First language
- Gender identity
- 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 does your child: (All the time, Often, Sometimes, Rarely, Never)

- Feel good about themselves
- 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 your child required mental health support, would they feel comfortable asking for help with their mental health at school?

- Yes
- No
- Not Sure

Q23. At school, does your child see themselves/their 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 school, how often *has your child 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 school, *what would your child 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, is your child participating in school activities, teams or clubs?

- Yes
- No
- Not Sure

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

- Yes
- No
- Not Sure

Q28. If your child has 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 does your child 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 question is for grade 8 students. If they are not a grade 8 student, please skip to Q30.

Q29a. As a grade 8 student, does your child feel prepared to enter secondary school?

- Yes
- No
- Not Sure

Safety & Bullying

Q30. To the best of your knowledge during the school year, how often has your child 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 they would be comfortable reporting bullying to teachers or other school adults if they and/or others were bullied?

Q31. Please indicate your level of agreement with your child for each of the following statements regarding your child's 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)

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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.