



## Fall 2023

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### Start of Block: Introduction and Preamble

Thank you for your interest in the See Me in ALCDSB Student Census. Your voice is important to us as we work together as a Catholic School community to better understand our students and families.

Our system priorities are outlined in the Multi-Year Strategic Plan: Faith, Equity & Well-Being, Achievement & Innovation, and Resource Management. The data from this survey will assist us in serving our learning communities, students and families to support alignment of these system priorities, while supporting a way to measure the work that is being done in our schools.

This survey will take approximately 15 minutes to complete. Please note that completing this survey is voluntary. You may choose not to participate. You can also skip any question. The survey asks questions about identity, including language, gender, sexual orientation, race, ethnicity and more. It also includes questions about school experience. Your responses to the survey are confidential. School and board staff won't access individual student information shared on the survey. Data will only be reviewed from a population level – for example, the entire school population, a region of our school board, or the school board as a whole.

While the survey is confidential, it's not anonymous. Each survey contains a unique identifier that will allow research staff to link survey responses to other data we already collect under the Education Act.

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### End of Block: Introduction and Preamble

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### Start of Block: Respondent Assent



You are logged on as/on the behalf of: **Student Name**

Would you like to take this survey?

Yes

No

End of Block: Respondent Assent

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Start of Block: First Language Spoken - 9 to 12



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

- American Sign Language
- Albanian
- Amharic
- Arabic
- Armenian
- Bengali
- Cantonese
- Croatian
- Dari
- Dutch
- English
- Farsi
- French
- German
- Greek
- Not sure
- Gujarati
- Hebrew

- Hindi
  - Hungarian
  - Indigenous Languages
  - Italian
  - Japanese
  - Korean
  - Kurdish
  - Mandarin
  - Malayalam
  - Polish
  - Portuguese
  - Punjabi
  - Romanian
  - A language not listed here
- 

- Russian
- Serbian
- Shona
- Somali

- Spanish
- Swahili
- Tagalog
- Tamil
- Thai
- Tigrinya
- Twi
- Ukrainian
- Urdu
- Vietnamese
- Yoruba

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Page Break



You selected "Indigenous Languages" as a response for the last question. Which Indigenous language(s) did you learn to speak as a child? Select all that apply.

- Anicinàbemowin
- Anishnaabemowin
- Anishinàbemiwin
- Cayuga
- Cree
- Innu-aimun
- Inuktut
- Michif
- Mohawk
- An Indigenous language not listed here (please specify):

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- Oneida
- Onondaga
- Seneca
- Tuscarora

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Page Break



I would like to see a **[Selected Choice]** language course offered in secondary school.

Yes

No

End of Block: First Language Spoken - 9 to 12

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Start of Block: Indigenous Identity - 9 to 12



Do you identify as Indigenous to Canada?

Yes

No



You have identified as Indigenous to Canada. With which nation(s) do you identify? Select all that apply.

- Algonquin
- Cayuga
- Cree
- Delaware
- Innu
- Inuit
- Métis
- Mississauga
- Mohawk
- Ojibway
- Oji-Cree
- Odawa
- Oneida
- Onondaga
- Pottowatomi
- Seneca
- Tuscarora



An Indigenous nation not listed here (please specify):

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You selected **[Choice Description]**. Do you identify as any of the following? Select all that apply.

Western/Plains Cree

Northern/Woodlands Cree

Central/Swampy Cree

Moose Cree

Eastern Cree.

End of Block: Indigenous Identity - 9 to 12

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Start of Block: Ethnic/Cultural Origin - 9 to 12



Do you consider yourself Canadian?

Yes

No

Not sure



People often associate their identities with particular countries or territories. For example, they might feel a sense of belonging to the country(ies) that their parents, grandparents, or other ancestors came from. This is what is known as ethnic or cultural origin.

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

What is your ethnic or cultural origin(s)? Select all that apply.

- Australian
  - Austrian
  - Belgian
  - Canadian
  - Cayuga
  - Chinese
  - Colombian
  - Cree
  - Croatian
  - Czech
  - Danish
  - Delaware
  - Dutch
  - East Indian
  - Egyptian
  - English
  - An ethnic or cultural origin not listed here
-

- Finnish
- French
- Filipino
- German
- Greek
- Guyanese
- Hungarian
- Icelandic
- Inuit
- Iranian
- Irish
- Italian
- Jamaican
- Japanese
- Jewish
- Korean
- Lebanese
- Lithuanian

- Métis
- Mexican
- Mi'kmaq
- Mississauga
- Mohawk
- Norwegian
- Odawa
- Ojibway
- Oji-Cree
- Oneida
- Onondaga
- Pakistani
- Polish
- Portuguese
- Pottowatomi
- Romanian
- Russian
- Scottish

- Seneca
- Slovak
- Somali
- Spanish
- Sri Lankan
- Swedish
- Swiss
- Tuscarora
- Ukrainian
- Vietnamese
- Welsh
- Not sure

End of Block: Ethnic/Cultural Origin - 9 to 12

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Start of Block: Race - 9 to 12



For the purpose of this question, "race" is defined as the way that others might categorize a person as belonging to a certain group based on how they see them. For example, people often use skin colour to assume a person belongs to a specific racial group. These assumptions and biases about race are often imposed on people in ways that can affect their life circumstances and how they are treated.

In our society, people are often described by their race or racial background. For example,

some people are considered “Black,” “East Asian,” “Middle Eastern” or “White.”

Which racial category 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)
- South Asian** (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- Southeast Asian** (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White** (European descent)
- A racial group(s) not listed above (please specify):  
\_\_\_\_\_

End of Block: Race - 9 to 12

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Start of Block: Religion or Spiritual Affiliation - 9 to 12



What is your religion and/or spiritual affiliation? Select all that apply.

- Agnostic
- Athiest
- Buddhist
- Christian - Catholic
- Christian - non-Catholic
- 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):

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- Not sure
- I do not understand this question

End of Block: Religion or Spiritual Affiliation - 9 to 12

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Start of Block: Gender Identity/Sexual Orientation - 9 to 12





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.

How do you describe your gender?

- Female
  - Gender fluid
  - Gender non-conforming
  - Male
  - Non-binary
  - Not sure
  - Questioning
  - Trans-female
  - Trans-male
  - Two-spirit
  - I do not understand the question
  - I prefer not to answer
  - Not indicated above (please specify)
- 

Sexual orientation refers to a person's sense of sexual attraction to people of the same or

different sex.

What is your sexual orientation?

- Asexual
  - Bisexual
  - Gay
  - Heterosexual/straight
  - Lesbian
  - Pansexual
  - Queer
  - Questioning
  - I prefer not to answer
  - Not indicated above (please specify):
- 

End of Block: Gender Identity/Sexual Orientation - 9 to 12

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Start of Block: Disability - 9 to 12



According to the Ontario Human Rights Code, the term *disability* "covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol

dependencies, environmental sensitivities, and other conditions." Do you consider yourself to be a person with a disability(ies)? (Select one answer only).

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



Select all that apply.

- Addiction(s)
  - Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder
  - 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):
- 

End of Block: Disability - 9 to 12

Start of Block: Status in Canada - 9 to 12



Were you born in Canada?

- Yes
- No



Are you currently:

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

End of Block: Status in Canada - 9 to 12

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Start of Block: Socio-Economic Status - 9 to 12



The next set of questions asks about your primary caregivers. A caregiver is a person who takes care of you. Caregivers can be your parents, grandparents, foster parents or guardians.

How many primary caregivers do you have?

- 1
- 2
- 3
- 4
- None. I live on my own.

End of Block: Socio-Economic Status - 9 to 12

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Start of Block: Socio-Economic Status Looped Questions - 9 to 12



Consider your caregiver. Please select the relationship of this person to you.

▼ Mother ... I'm living on my own

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Please check the highest level of education this person completed.

▼ Did not complete any formal education ... Not sure

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What is this person's employment status?

▼ Works full-time (one position) ... Not sure

End of Block: Socio-Economic Status Looped Questions - 9 to 12

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Start of Block: Alternative Socio-economic Status - 9 to 12



Please indicate which of the following activities you currently participate in and those you would like to participate in. Select all that apply.

	I currently participate in these activities <b>at school.</b>	I currently participate in these activities <b>outside of school.</b>	I would like to participate in these activities, but am unable to do so.
Arts (e.g., visual arts, drama, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music (e.g., band, choir)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School clubs (e.g., chess, environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School publications (e.g., yearbook, newspaper, website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School special events (e.g., dances, concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team sports (e.g., track and field, basketball, soccer, hockey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student council activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth programs, clubs, or organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of Block: Alternative Socio-economic Status - 9 to 12

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Start of Block: Representation, Sense of Belonging at School, and Safety - 9 to 12



At my school, I see myself/my identity reflected positively in:

	Never	Rarely	Sometimes	Often	Consistently
Pictures or posters in the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays of student work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials educators use in class (e.g., books, videos).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topics we study in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extra-curricular activities (e.g., sports, arts, activities, clubs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special events and celebrations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School publications (e.g., yearbooks, newspapers, websites).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





How do you feel about your school?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My school is a friendly and welcoming place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I belong in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along well with other students in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted by other students in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted by the adults in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School rules are applied to me in a fair way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my school, I get the help I need to do well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Please indicate your level of agreement with each of the following statements regarding your sense of safety at school.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I feel safe in the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in the other parts of the school (e.g., gym, washroom, hallways, common areas).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe outside on school property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in the neighbourhood close to my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe on the school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe on my way to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Representation, Sense of Belonging at School, and Safety - 9 to 12

Start of Block: Final Question - 9 to 12



Is there anything else about your lived experience at school that you think we should know?

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End of Block: Final Question - 9 to 12

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Start of Block: First Language Spoken - K to 8



What is the first language(s) your child learned to speak? Select all that apply.

- American Sign Language
- Albanian
- Amharic
- Arabic
- Armenian
- Bengali
- Cantonese
- Croatian
- Dari
- Dutch
- English
- Farsi
- French
- German
- Greek
- Not sure
- Gujarati
- Hebrew

- Hindi
  - Hungarian
  - Indigenous Languages
  - Italian
  - Japanese
  - Korean
  - Kurdish
  - Mandarin
  - Malayalam
  - Polish
  - Portuguese
  - Punjabi
  - Romanian
  - A language not listed here
- 

- Russian
- Serbian
- Shona
- Somali

- Spanish
- Swahili
- Tagalog
- Tamil
- Thai
- Tigrinya
- Twi
- Ukrainian
- Urdu
- Vietnamese
- Yoruba

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Page Break



You selected "Indigenous Languages" as a response for the last question. Which Indigenous language(s) did your child learn to speak? Select all that apply.

- Anicinàbemowin
- Anishnaabemowin
- Anishinàbemiwin
- Cayuga
- Cree
- Innu-aimun
- Inuktut
- Michif
- Mohawk
- An Indigenous language not listed here (please specify):

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- Oneida
- Onondaga
- Seneca
- Tuscarora

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Page Break



I would like to see a **[Selected Choice]** language course offered in secondary school.

Yes

No

End of Block: First Language Spoken - K to 8

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Start of Block: Indigenous Identity - K to 8



Does your child identify as Indigenous to Canada?

Yes

No





You have identified your child as Indigenous to Canada. With which nation(s) does your child identify? Select all that apply.

- Algonquin
- Cayuga
- Cree
- Delaware
- Innu
- Inuit
- Métis
- Mississauga
- Mohawk
- Ojibway
- Oji-Cree
- Odawa
- Oneida
- Onondaga
- Pottowatomi
- Seneca
- Tuscarora
- An Indigenous nation not listed here (please specify):  
\_\_\_\_\_



You selected **[Choice Description]**. Does your child identify as any of the following?  
Select all that apply.

- Western/Plains Cree
- Northern/Woodlands Cree
- Central/Swampy Cree
- Moose Cree
- Eastern Cree.

End of Block: Indigenous Identity - K to 8

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Start of Block: Ethnic/Cultural Origin - K to 8



Does your child consider himself/herself/themself Canadian?

- Yes
- No
- Not sure



People often associate their identities with particular countries or territories. For example, they might feel a sense of belonging to the country(ies) that their parents, grandparents, or other ancestors came from. This is what is known as ethnic or cultural origin.

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

What is your child's ethnic or cultural origin(s)? Select all that apply.

- Australian
  - Austrian
  - Belgian
  - Canadian
  - Cayuga
  - Chinese
  - Colombian
  - Cree
  - Croatian
  - Czech
  - Danish
  - Delaware
  - Dutch
  - East Indian
  - Egyptian
  - English
  - An ethnic or cultural origin not listed here
-

- Finnish
- French
- Filipino
- German
- Greek
- Guyanese
- Hungarian
- Icelandic
- Inuit
- Iranian
- Irish
- Italian
- Jamaican
- Japanese
- Jewish
- Korean
- Lebanese
- Lithuanian

- Métis
- Mexican
- Mi'kmaq
- Mississauga
- Mohawk
- Norwegian
- Odawa
- Ojibway
- Oji-Cree
- Oneida
- Onondaga
- Pakistani
- Polish
- Portuguese
- Pottowatomi
- Romanian
- Russian
- Scottish

- Seneca
- Slovak
- Somali
- Spanish
- Sri Lankan
- Swedish
- Swiss
- Tuscarora
- Ukrainian
- Vietnamese
- Welsh
- Not sure

End of Block: Ethnic/Cultural Origin - K to 8

---

Start of Block: Race - K to 8



For the purpose of this question, "race" is defined as the way that others might categorize a person as belonging to a certain group based on how they see them. For example, people often use skin colour to assume a person belongs to a specific racial group. These assumptions and biases about race are often imposed on people in ways that can affect their life circumstances and how they are treated.

In our society, people are often described by their race or racial background. For example,

some people are considered “Black,” “East Asian,” “Middle Eastern” or “White.”

Which racial category 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)
- South Asian** (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- Southeast Asian** (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White** (European descent)
- A racial group(s) not listed above (please specify):  
\_\_\_\_\_

End of Block: Race - K to 8

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Start of Block: Religion or Spiritual Affiliation - K to 8



What is your child's religion and/or spiritual affiliation? Select all that apply.

- Agnostic
- Athiest
- Buddhist
- Christian - Catholic
- Christian - non-Catholic
- 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

---

End of Block: Religion or Spiritual Affiliation - K to 8

Start of Block: Gender Identity/Sexual Orientation - K to 8





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.

How does your child describe his/her/their gender?

- Female
  - Gender fluid
  - Gender non-conforming
  - Male
  - Non-binary
  - Not sure
  - Questioning
  - Trans-female
  - Trans-male
  - Two-spirit
  - I do not understand the question
  - I prefer not to answer
  - I describe my gender in another way (please specify)
- 

Sexual orientation refers to a person's sense of sexual attraction to people of the same or

different sex.

What is your child's sexual orientation?

- Asexual
  - Bisexual
  - Gay
  - Heterosexual/straight
  - Lesbian
  - Pansexual
  - Queer
  - Questioning
  - I prefer not to answer
  - Not indicated above (please specify):
- 

End of Block: Gender Identity/Sexual Orientation - K to 8

---

Start of Block: Disability - K to 8



According to the Ontario Human Rights Code, the term *disability* "covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol

dependencies, environmental sensitivities, and other conditions." Does your child consider himself/herself/themself to be a person with a disability(ies)? (Select one answer only).

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



Select all that apply.

- Addiction(s)
  - Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder
  - 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):
- 

End of Block: Disability - K to 8

Start of Block: Status in Canada - K to 8



Was your child born in Canada?

- Yes
- No



Is your child currently:

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

End of Block: Status in Canada - K to 8

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Start of Block: Socio-Economic Status - K to 8



The next set of questions asks about your child's primary caregivers. A caregiver is a person who takes care of you. Caregivers can be parents, grandparents, foster parents or guardians.

How many primary caregivers does your child have?

- 1
- 2
- 3
- 4

End of Block: Socio-Economic Status - K to 8

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Start of Block: Socio-economic Status Looped Questions - K - 8



Consider your child's caregiver. Please select the relationship of this person to your child.

▼ Mother ... I'm living on my own

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Please check the highest level of education this person completed.

▼ Did not complete any formal education ... Not sure

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What is this person's employment status?

▼ Works full-time (one position) ... Not sure

End of Block: Socio-economic Status Looped Questions - K - 8

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Start of Block: Alternative Socio-economic Status - K to 8



Please indicate which of the following activities your child currently participates in and those he/she/they would like to participate in. Select all that apply.

	My child currently participates in these activities <b>at school</b> .	My child currently participates in these activities <b>outside of school</b> .	My child would like to participate in these activities, but is unable to do so.
Arts (e.g., visual arts, drama, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music (e.g., band, choir)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School clubs (e.g., chess, environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School publications (e.g., yearbook, newspaper, website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School special events (e.g., dances, concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team sports (e.g., track and field, basketball, soccer, hockey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student council activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth programs, clubs, or organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Start of Block: Representation, Sense of Belonging at School, and Safety - K to 8



At school, my child sees himself/herself/themself reflected positively in:

	Never	Rarely	Sometimes	Often	Consistently
Pictures or posters in the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays of student work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials educators use in class (e.g., books, videos).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topics studied in class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extra-curricular activities (e.g., sports, arts, activities, clubs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special events and celebrations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School publications (e.g., yearbooks, newspapers, websites).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





How does your child feel about their school?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My child's school is a friendly and welcoming place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child enjoys school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels a sense of belonging in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child gets along well with other students in his/her/their school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels accepted by other students in his/her/their school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels accepted by the adults in his/her/their school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's teachers care about him/her/them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School rules are applied to my child in a fair way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My child gets  
the help  
he/she/they  
needs to do  
well in  
school.



Please indicate your child's level of agreement with each of the following statements regarding their sense of safety at school.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My child feels safe in the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe in the other parts of the school (e.g., gym, washroom, hallways, common areas).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe outside on school property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe in the neighbourhood close to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe on the school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe on the way to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Representation, Sense of Belonging at School, and Safety - K to 8

Start of Block: Final Question - K to 8



Is there anything else about your child's lived experience at school that you think we should know?

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End of Block: Final Question - K to 8

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