

CONFIDENTIAL SELF IDENTIFICATION SURVEY

In support of the Toronto District School Board's commitment to employment equity, the Employment Equity Office conducts a survey of employees at various stages of employment to maintain and update its data about representation among designated groups: racialized/visible minorities, women, Indigenous persons, persons with disabilities, ethnic minorities, and persons of minority sexual orientations and gender identities. Please note individuals may be a member of more than one designated group. This is a voluntary self-identification survey and all data collected is treated confidentially.

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| 1. Do you identify yourself as: | <input type="checkbox"/> Female | <input type="checkbox"/> Genderfluid | <input type="checkbox"/> Transgender |
| | <input type="checkbox"/> Male | <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Two-Spirit |
| | | <input type="checkbox"/> Non-binary | |

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| 2. Do you identify yourself as an Indigenous Person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, please identify:</i> | <input type="checkbox"/> First Nation Status | <input type="checkbox"/> First Nation Non-Status or Other |
| | <input type="checkbox"/> Inuk (Inuit) | <input type="checkbox"/> Métis |

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| 3. Do you identify yourself as racialized (person of colour)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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| 4. Which race category best describes you? | <input type="checkbox"/> Asian East | <input type="checkbox"/> Black African | <input type="checkbox"/> Hispanic/Latin American | <input type="checkbox"/> White Canadian |
| | <input type="checkbox"/> Asian South | <input type="checkbox"/> Black Canadian | <input type="checkbox"/> Indo-Caribbean | <input type="checkbox"/> White West European |
| | <input type="checkbox"/> Asian South East | <input type="checkbox"/> Black Other | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> White East European |
| | <input type="checkbox"/> Asian Other | | <input type="checkbox"/> Racial Minority Other | <input type="checkbox"/> White Other |

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| 5. Do you identify yourself as a person with a disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | |
| <i>If yes, please specify:</i> | <input type="checkbox"/> Sight | <input type="checkbox"/> Hearing | <input type="checkbox"/> Psychiatric/Psychological | <input type="checkbox"/> Mobility | <input type="checkbox"/> Learning | <input type="checkbox"/> Other |

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| 6. Do you identify yourself as: | <input type="checkbox"/> Asexual | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Questioning |
| | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Queer |
| | <input type="checkbox"/> Gay | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Two-Spirit |

THANK YOU FOR YOUR PARTICIPATION.