

Welcome to the 2023 TDSB Student Census!

The Census is an opportunity for you to share who you are and your experiences at school. Students have had a say in what questions are being asked.

The Census is **voluntary**, but we hope that you will complete it.

The Census is **confidential**. No one will see your individual answers. You will not get in trouble or hurt anyone's feelings with your answers.

The Census is **not anonymous**. Though no one will see your individual answers, your survey answers are linked to your student ID number so that researchers who work for the school board can match your survey results with other pieces of data like grades. This helps to identify barriers that impact groups of students, which is the main goal of the Census. No individual students will be identified and student answers are never examined at the individual level.

Note. Personal information on this form is collected under the authority of sections 27, 58.5(1), 169.1-173, 265, 266(2.1) of Education Act, R.S.O. 1990, c.E.2 ("Education Act"), R.R.O. 1990, Regulations 298 (Operation of Schools – General) under Education Act, Anti-Racism Act, 2017, S.O. 2017, c. 15 ("Anti-Racism Act"), and O. Reg. 267/18: General under Anti-Racism Act, 2017, S.O. 2017, c. 15, and will be used by TDSB for educational and research purposes, to support TDSB and schools to provide effective education programs and services, and to improve schools to better meet the needs of our diverse learners. This information is collected, retained, used, and disclosed in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56 ("MFIPPA") and will be shared with authorized TDSB and school staff and approved research organizations on agreement with TDSB, if required, in order to administer the above purposes. Questions regarding this collection should be directed to your principal and local school administration or Senior Manager, TDSB Research Department by email at research@tdsb.on.ca, by phone at 416-394-7404, or by mail at 1 Civic Centre Court, Lower Level, Etobicoke, Ontario M9C 2B3.

Questions

How to complete this section - *School Perception Questions*

- Please support your child as needed to complete this section. If your child doesn't understand a question, please select "student not able to answer".
- If your child does not want to answer a question, they can move on to the next one.
- For each question, please have your child choose the single best answer that is right for them by clicking the circle.
- Some questions will say "Select all that apply" and for these they can choose more than one answer.
- The questions are about their experience at school this school year since September.

Q1. Do you feel happy today?

Yes

Sometimes

No

Student is not able to answer

Q2. I look forward to going to school.

Yes

Sometimes

No

Student is not able to answer

Q3. I enjoy school.

Yes

Sometimes

No

Student is not able to answer

Q4. At school, I can be myself.

Yes

Sometimes

No

Student is not able to answer

Q5. At school, rules are applied to me in a fair way.

Yes

Sometimes

No

Student is not able to answer

Q6. At school, I feel left out (like in games, school activities, friend groups, etc.).

Yes

Sometimes

No

Student is not able to answer

Q7. At school, I have at least one friend I can count on for help and comfort.

Yes

Sometimes

No

Student is not able to answer

Q8. Do you feel lonely today?

Yes

Sometimes

No

Student is not able to answer

Q9. My feelings matter to my teachers.

Yes

Sometimes

No

Student is not able to answer

Q10. I feel respected by my teachers.

Yes

Sometimes

No

Student is not able to answer

Q11. My teachers check-in with me when I am upset.

Yes

Sometimes

No

Student is not able to answer

Q12. My teachers provide the help I need to do well at school.

Yes

Sometimes

No

Student is not able to answer

Q13. I feel comfortable asking my teachers for extra help with my school work (if I need it).

Yes

Sometimes

No

Student is not able to answer

Not for data collection

Q14. I feel comfortable participating in class (like asking questions, answering questions, joining activities and discussions, etc.).

Yes

Sometimes

No

Student is not able to answer

Q15. Do you feel under a lot of stress or pressure today?

Yes

Sometimes

No

Student is not able to answer

Q16. Do you feel nervous or worried today?

Yes

Sometimes

No

Student is not able to answer

Q17. My teachers encourage me to be the best student that I can be.

Yes

Sometimes

No

Student is not able to answer

Q18. My teachers take time to get to know me.

Yes

Sometimes

No

Student is not able to answer

Q19. My teachers pronounce my name correctly and/or use my preferred name to refer to me.

Yes

Sometimes

No

Student is not able to answer

Q20. My teachers use my preferred pronouns (like she/her, he/his, they/them, etc.) to refer to me.

Yes

Sometimes

No

Student is not able to answer

Q21. Is there a teacher in your school that you feel comfortable going to for support, advice, or help?

Yes

Sometimes

No

Student is not able to answer

Not for data collection

Q22. My teachers take my classes outside for learning (not including recess).

Yes

Sometimes

No

Student is not able to answer

Q23. I like what we learn in class.

Yes

Sometimes

No

Student is not able to answer

Q24. At school, I feel comfortable expressing my ethnic or racial identity (like wearing a durag, keffiyeh, cultural clothing, etc.).

Yes

Sometimes

No

Student is not able to answer

Q25. At school, I feel comfortable expressing my religious or spiritual identity (like wearing a cross, hijab, kippah, turban; praying, smudging, etc.).

Yes

Sometimes

No

Religion is not a part of
my life

Student is not able to
answer

Q26. At school, I feel comfortable expressing my gender identity (like the way I dress, the length or style of my hair, the way I act or speak, the choice of whether or not to wear make-up, etc.).

Yes

Sometimes

No

Student is not able to answer

Q27. In my classes, I learn about people with different kinds of families (like those with two moms or two dads).

Yes

Sometimes

No

Student is not able to answer

Q28. At school, I learn about people with disabilities.

Yes

Sometimes

No

Student is not able to answer

Q29. At school, I learn about mental health and well-being. Please select all the topics you learn about:

- Things I can do to take care of my mental health
- How to reach out and ask for help
- Who can help me at school
- Where to go for help in the community
- How to help a friend without taking on too much
- Other (specify):
- None of the above
- Student did not understand the question

Q30. At school, I see my identity positively shown in books or materials teachers use in class (like stories or pictures of people who look like me, have the same race, culture, religion, gender, different abilities).

- Yes Sometimes No Student is not able to answer

Q31. At school, I have opportunities to learn from guests who have the same identity as me (like same race, culture, religion, gender, different abilities, etc.).

- Yes Sometimes No Student is not able to answer

Q32. At school, I have opportunities to give input about what I learn in my classes (like topics we study, books we read, etc.).

- Yes Sometimes No Student is not able to answer

Q33. At school, I have opportunities to give input about:
(Select all that apply)

- Clubs and activities
- Events
- Rules and policies
- New course offerings
- Class materials and textbook choices

Other (specify):

None of the above

Student is not able to answer

Q34. At school, I have opportunities to talk about what the school can do better to help students.

Yes

Sometimes

No

Student is not able to answer

. This section asks about **safety**. Feeling safe at school means feeling comfortable, relaxed, and not worried that someone or something could harm you physically or emotionally.

Q35. Do you feel safe at school?

Yes

Sometimes

No

Student is not able to answer

Q36. Do you feel safe on your way to and from school?

Yes

Sometimes

No

Student is not able to answer

Q37. At school, do you feel unsafe or afraid in any of these spaces? (Select all that apply)

- Academic clubs (like STEM, robotics)
- Clubs (like drama, band, arts, choir, chess)
- Classrooms
- Hallways/stairwells
- Health and physical education or gym class
- Lunchroom
- Library
- In the neighbourhood around the school
- Outside on school grounds (like at recess, lunch or afterschool)
- Prayer space/room
- Single gender washrooms
- All-gender washrooms
- School buses

- School events (like dances, assemblies, etc)
- Sports (like track and field, house leagues, sports teams)
- Other spaces not listed above (specify):
- Doesn't apply to me - I don't feel unsafe or afraid in any school spaces
- Student is not able to answer

Q38. What makes you feel unsafe or afraid at school? (Select all that apply)

- The way I look
- How well I do at school work
- I have a disability
- My gender
- My family is different from other families
- My race or ethnic background
- My religion
- I am new to Canada
- Other reasons (specify):
- Doesn't apply to me - I don't feel unsafe or afraid at school
- Student not able to answer

Not for data collection

. This section asks questions about **Bullying**. Bullying is aggressive behaviour that is typically repeated over time. It is meant to cause harm, fear or distress or create a negative environment at school for another person. Bullying can take on a number of different forms: physical, verbal, social or electronic, often called cyber-bullying.

Q39. Are you being bullied at school?

Yes

Sometimes

No

Student is not able to answer

Q40. Are you being bullied in any of these ways by a student(s) at your school? (Select all that apply)

- hit, punched, kicked, tripped, or spit at (physically bullied)
- teased, called names, made fun of, or put down (verbally bullied)
- left out from a group, had rumours or lies spread about you (socially bullied)

- threatened or made to look bad using online games or on social media (cyber bullied)
- had your things stolen or damaged on purpose (like your books, school bag, clothing)

Q41. When you are bullied at school, do you tell a teacher or other adult at school?

- Yes Sometimes No Student is not able to answer

Q42. The last time you told a teacher or other adult at school about bullying, did it help to stop the bullying?

- Yes Sometimes No Student is not able to answer

Q43. If you were in charge of your school, what is one thing you would change about it?

. How to complete this section - *Parents/guardians/caregivers Demographics*

This section is about parents/guardians/caregivers which includes birth parents, adoptive parents, stepparents, or foster parents. It can be one person or more. Please complete this section on behalf of your child. Please consider all parents/guardians/caregivers when answering the following questions.

Q44. Who does your child live with most of the time?

(Please select one)

- Two parents
- One parent
- Part of the time with each parent (like in two different places)
- Parent(s) and other adult family members (like grandparents, aunts, uncles, etc.)
- Only grandparent(s)

- Foster parent(s)
- Other adult siblings, relatives or guardians
- Other (specify):

Q45. Parent/guardian/caregiver countries of birth.

- Two (or more) parents born in Canada
- One parent born in Canada
- No parent born in Canada

Q46. Parent/guardian/caregiver countries/regions of birth: (Select all that apply)

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Afghanistan | <input type="checkbox"/> Guatemala | <input type="checkbox"/> Poland |
| <input type="checkbox"/> Albania | <input type="checkbox"/> Guyana | <input type="checkbox"/> Portugal |
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Haiti | <input type="checkbox"/> Romania |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Russia |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Hungary | <input type="checkbox"/> Saudi Arabia |
| <input type="checkbox"/> Barbados | <input type="checkbox"/> India | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Bosnia | <input type="checkbox"/> Iran | <input type="checkbox"/> Serbia |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> Iraq | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> Bulgaria | <input type="checkbox"/> Ireland | <input type="checkbox"/> Somalia |
| <input type="checkbox"/> Cambodia | <input type="checkbox"/> Israel | <input type="checkbox"/> South Africa |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Italy | <input type="checkbox"/> South Korea |
| <input type="checkbox"/> Chile | <input type="checkbox"/> Jamaica | <input type="checkbox"/> Sri Lanka |
| <input type="checkbox"/> China | <input type="checkbox"/> Japan | <input type="checkbox"/> St. Lucia |
| <input type="checkbox"/> Colombia | <input type="checkbox"/> Jordan | <input type="checkbox"/> St. Vincent and the Grenadines |
| <input type="checkbox"/> Cuba | <input type="checkbox"/> Kenya | <input type="checkbox"/> Sudan |
| <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Korea | <input type="checkbox"/> Syria |
| <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Lebanon | <input type="checkbox"/> Taiwan |
| <input type="checkbox"/> Ecuador | <input type="checkbox"/> Macedonia | <input type="checkbox"/> Tanzania |
| <input type="checkbox"/> Egypt | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Thailand |
| <input type="checkbox"/> El Salvador | <input type="checkbox"/> Mexico | <input type="checkbox"/> Trinidad and Tobago |

- | | | |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> England | <input type="checkbox"/> Morocco | <input type="checkbox"/> Turkey or Türkiye |
| <input type="checkbox"/> Eritrea | <input type="checkbox"/> Nepal | <input type="checkbox"/> Ukraine |
| <input type="checkbox"/> Ethiopia | <input type="checkbox"/> Netherlands | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> France | <input type="checkbox"/> Nigeria | <input type="checkbox"/> United States |
| <input type="checkbox"/> Germany | <input type="checkbox"/> Pakistan | <input type="checkbox"/> Uzbekistan |
| <input type="checkbox"/> Ghana | <input type="checkbox"/> Palestine | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> Greece | <input type="checkbox"/> Peru | <input type="checkbox"/> You don't have an option that applies to me (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Grenada | <input type="checkbox"/> Philippines | <input type="checkbox"/> |

Q47. Parent/guardian/caregiver education completed (in Canada or in any other country).
(Select all that apply)

- Elementary school (Kindergarten - Grade 8)
- Secondary school (Grade 9 - 12)
- Apprenticeship (e.g., vocational training, electrician, plumber, carpenter, etc.)
- College (e.g., Diploma, Certificate)
- University (e.g., Bachelors degree, Masters degree, Doctorate degree/Phd)
- None
- Not Sure

Q48. Where was parent/guardian/caregiver highest level of education completed?
(Select all that apply)

- Canada
- Another country (specify):

. How to complete this section - *Student Demographics*

This section asks various questions about your child's identity. Please complete this section on behalf of your child.

Since there are many unique identities in the TDSB, the response options might not be culturally relevant or capture everyone. If that is the case, feel free to describe your child's identity in your own words.

. **First Nations, Métis, and Inuit** are some of the terms used to identify Indigenous people in what is now known as Canada.

Indigenous identity is complex and Indigenous people in Canada can refer to themselves with many other terms such as Native, Aboriginal, name of their Nation, etc. Knowing this information can help TDSB develop programs and supports for Indigenous students in collaboration with the Urban Indigenous Education Centre.

Q49. Does your child identify as an Indigenous person?
(Select all that apply)

- No, my child does not identify as Indigenous
- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- Yes, but not sure how to identify my child / which option to select
- Yes, but prefer to use my own words (specify):
- I don't understand this question

Q50. Is your child Two-Spirit or Indigiqueer?

- Yes
- No
- Not sure

Q51. What is your child's ethnic or cultural origin(s)? (Select all that apply)

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Abya Yala | <input type="checkbox"/> German | <input type="checkbox"/> Mohawk |
| <input type="checkbox"/> Adivasi / Scheduled Tribes
(Indigenous South Asian) | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Native |
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Greek | <input type="checkbox"/> Nepali (Nepalese) |
| <input type="checkbox"/> Afro-Caribbean | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Nigerian |
| <input type="checkbox"/> Afro-Indigenous | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Ojibwe |

- | | | |
|--|--|---|
| <input type="checkbox"/> Afro-Latinx | <input type="checkbox"/> Haida | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Haudenosaunee | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> American | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Persian |
| <input type="checkbox"/> Anishinaabe | <input type="checkbox"/> Indian | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Indo-Caribbean | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Aymara | <input type="checkbox"/> Inuit | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Inuu | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Iranian | <input type="checkbox"/> Rohingya |
| <input type="checkbox"/> Black-Caribbean | <input type="checkbox"/> Irish | <input type="checkbox"/> Roma |
| <input type="checkbox"/> Blackfoot | <input type="checkbox"/> Israeli | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> British | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Saint Lucian |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Salvadorean |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Jewish | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Jewish-Ashkenazi | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Jewish-Mizrahi | <input type="checkbox"/> Sinhalese |
| <input type="checkbox"/> Chorti-Maya | <input type="checkbox"/> Kashmiri | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Coast Salish | <input type="checkbox"/> Kenyan | <input type="checkbox"/> Spanish (from Spain) |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Korean | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Sudanese |
| <input type="checkbox"/> Dalit-Bahujan / Caste-oppressed /
Depressed class or Caste | <input type="checkbox"/> Lakota | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Dene | <input type="checkbox"/> Latin American / Latine / Latinx /
Latino / Latina | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Lenape | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Lenka | <input type="checkbox"/> Trinidadian/Tobagonian |
| <input type="checkbox"/> English (from England) | <input type="checkbox"/> Macedonian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Eritrean | <input type="checkbox"/> Maliseet | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Māori | <input type="checkbox"/> Uyghurs |
| <input type="checkbox"/> European | <input type="checkbox"/> Mapuche | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Métis (Michif) | <input type="checkbox"/> Not Sure |

First Nations

Mexican

You don't have an option that applies to my child (specify):

French

Mi'Kmaq

Q52.

Which race category best describes your child? (Select all that apply)

If your child identifies as mixed race or more than one group applies to your child, select all the options that apply. For example:

- if your child is Afro-Latinx, you can select both “*Black*” and “*Latino / Latina / Latinx*”,
- if your child is Afro-Indigenous, you can select both “*Black*” and “*Indigenous*”;
- if your child identifies as Chinese and White, you can select both “*East Asian*” and “*White*”, etc.

- Black** (like African, Afro-Caribbean, African-Canadian descent, etc.)
- East Asian** (like Chinese, Korean, Japanese, Taiwanese descent, etc.)
- Indigenous** (like First Nations, Métis, Inuit descent, etc.)
- Latino / Latina / Latinx** (like Latin American, Hispanic descent, etc.)
- Middle Eastern** (like Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- Southeast Asian** (like Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent, etc.)
- South Asian** (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- White** (like European descent, etc.)
- Prefer to use my own words
- I don't understand this question

Q52a. If you would like to share more information about your child's Black identity, please select all that apply:

- African (like Somali, Ethiopian, Nigerian, Ghanaian, etc.)
- Afro-Caribbean (like St. Lucian, Jamaican, Vincentian, Trinidadian, Tobagonian, Haitian, etc.)
- Black (prefer to use my own words):

Q52b. If you would like to share more information about your child's Indigenous identity, please select all that apply:

- First Nations
- Inuit / Inuk
- Métis
- Indigenous communities outside of what is now known as Canada (like Native Mexican, Native Alaskan, Native American, Aboriginal Person of Australia, Adivasi, Pacific Islander, Indigenous Person of Abya Yala (currently known as Latin America), etc.) (specify optional):

- Indigenous (prefer to use my own words):

Q53. What is your child's religion or spiritual belief? My child is:
(Select all that apply)

- Buddhist
 - Christian (like Catholic, Protestant, Orthodox, etc.)
 - Hindu
 - Indigenous Spirituality
 - Jewish
 - Muslim
 - Sikh
 - Spiritual, but not religious
 - Another religion or belief not in this list (specify):
-

- Religion is not a part of my child's life
- I do not understand this question

Q54. Which of the following terms best describe your child's current gender identity? (Select all that apply)

- Boy
- Girl
- Non-Binary, N.B. or enby
- Transgender or Trans
- Two-Spirit or Indigiqueer

You don't have an option that applies to my child, my child's current gender identity is: (specify)

I don't understand this question

Q55. Is your child a student with a disability or a disabled person?

- Yes
 No
 Not sure

Q56. If you want to, please tell us which disability or disabilities your child has. (Select all that apply)

- Autism
 Attention Deficit Hyperactivity Disorder/ADHD (like inattention, hyperactivity, impulsivity, etc.)
 Seeing (like blind or low vision)
 Hearing (like deaf or hard of hearing)
 Speech (like stuttering, etc.)
 Learning (like dyslexia, memory, etc.)
 Developmental (like down syndrome, cerebral palsy, etc.)
 Medical or long term health conditions (like asthma, diabetes, cancer, epilepsy, covid related, etc.)
 Mental health (like anxiety, addiction, depression, eating disorder, etc.)
 Physical (like movement, long-term pain, etc.)
 Describe your child's disability (specify)
 My child does not have a disability
 I don't understand this question

last question

Q57. At school, my child has experienced the following accessibility barriers: (Select all that apply)

- Physical inaccessibility
 Negative attitudes and stereotypes
 Technological inaccessibility
 Lack of accommodations
 Lack of support from school staff

None of these apply to my child

Other (specify):

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Not for data collection