



STUDENT NAME:

If this is **not** your child's name, please return the package to your school and request the questionnaire with your child's name.

TEACHER NAME:

HOMEROOM:

As a parent/guardian of a student in **kindergarten to grade 3**, you are invited to complete the Peel District School Board's *Student Census* on behalf of your child. This questionnaire will take approximately 30 minutes to complete, and will help the Peel board to:

- better understand student populations and school communities.
- identify and eliminate barriers to student success, inclusion and well-being.
- establish effective programs and reallocate resources to where they are needed most.

Participation in the *Student Census* is voluntary. However, the higher the completion rate, the richer and more reliable the information will be for school improvement and program planning.

If you have multiple children in kindergarten to grade 3, please fill out a **separate questionnaire for each child**, using the questionnaire labelled with that child's name. You can get a translated version of this questionnaire by contacting your child's teacher or visiting www.peelschools.org/studentcensus

Here are some reminders before you start:

- Please make sure **your child's name** is at the top of this page. If your child's name is not at the top of this page, please return the package to your child's teacher and request the correct questionnaire.
- This is not a test—there are **no wrong answers**, just what is right for you and your child.
- You are encouraged to complete the census **with your child** to capture their thoughts and experiences.
- Use a **dark pencil or pen** to fill in circles completely, so they look like this: ●
If you make a mistake, **erase** the filled-in circle **completely** and then circle the chosen answer. If you used a pen, put an X over the wrong choice, and circle the correct choice. 
- You may **skip** any question and move on to the next one.
- When you are finished, keep this page with you. Place **ONLY** your completed *Student Census* in the envelope provided, and **seal** the envelope. Your completed census now has **no name on it**. This is so we can keep your answers **private and confidential**. If you did not receive an envelope with this questionnaire, you may use any envelope you have available.
- If you have a translated version of the census, please include it in the provided envelope **as well as the blank English version**.
- Return your completed questionnaire in a sealed envelope to your child's school **by November 30**.

The *Student Census* is confidential, but it is not anonymous. Your child's school will not view or have access to your answers. Your sealed envelope will be shipped by each school to a secure, external company contracted by the Peel board to scan and process responses. The data will **only** be accessed by authorized Peel board research staff to identify and summarize trends among Peel students. Individual parent questionnaires will not be analyzed.

The Peel board is committed to the highest levels of privacy and confidentiality in collecting information about students and follows all privacy requirements outlined in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). The information gathered through the *Student Census* is collected under the legal authority of the Education Act (R.S.O. 1990, c. E. 2, as amended) for educational and research purposes only.

For more information, please visit www.peelschools.org/studentcensus or contact the Peel board's Research and Accountability department at 905-890-1010 ext. 3523 or studentcensus@peelsb.com.

Thank you for your continued support as we inspire success, confidence and hope in each student.

A translated version of this document is available in the following languages.

Contact your child's school to request a copy.

Arabic	تتوفر نسخة مترجمة من هذا المستند باللغة العربية. اتصل بمدرسة طفلك/طفلاتك للحصول على نسخة.
Bengali	এই ডকুমেন্টটির অনূদিত সংস্করণ [বাংলায়] সুলভ রয়েছে। অনুলিপি পেতে আপনার সন্তানের স্কুল কর্তৃপক্ষের সাথে যোগাযোগ করুন।
Simplified Chinese	本文件有简体中文译本。请联系学校索取副本。
Traditional Chinese	本文件有繁體中文譯本。請聯繫學校索取副本。
Dari	نسخة ترجمه شده این سند به دري قابل دسترس است. با اداره مكتب طفل تان به تماس شده و نسخه ترجمه شده را درخواست نماييد.
French	Vous pouvez trouver la traduction française de ce document. Communiquez avec l'école de votre enfant pour en obtenir un exemplaire.
Gujarati	આ દસ્તાવેજનું ભાષાંતર કરેલ સંસ્કરણ ગુજરાતીમાં પ્રાપ્ય છે. નકલની વિનંતી માટે તમારા બાળકની શાળાને વિનંતી કરો.
Hindi	इस दस्तावेज़ का अनुवादित संस्करण हिन्दी में उपलब्ध है। कापी के लिए अनुरोध करने के लिए अपने बच्चे के स्कूल से संपर्क करें।
Malayalam	ഈ ഡോക്യുമെന്റിന്റെ വിവർത്തനം ചെയ്ത ഒരു പതിപ്പ് മലയാളത്തിൽ ലഭ്യമാണ്. ഒരു പകർപ്പ് അഭ്യർത്ഥിക്കുന്നതിന് നിങ്ങളുടെ കുട്ടിയുടെ സ്കൂളുമായി ബന്ധപ്പെടുക.
Pashto	د دې سند ترجمه شوي نسخه په پښتو کې موجود ده. د دې د نقل تر لاسه کولو لپاره د خپل ماشوم/ماشومي د ښوونځي سره تماس ونيسي.
Persian	یک نسخه ترجمه شده از این سند به زبان فارسی در دسترس است. لطفاً جهت درخواست یک رونوشت از آن، با مدرسه فرزندتان تماس حاصل نمایید.
Punjabi	ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਅਨੁਵਾਦਿਤ ਸੰਸਕਰਣ ਪੰਜਾਬੀ ਵਿਚ ਉਪਲਬਧ ਹੈ। ਇੱਕ ਕਾਪੀ ਦੀ ਬੇਨਤੀ ਕਰਨ ਲਈ ਆਪਣੇ ਬੱਚੇ ਦੇ ਸਕੂਲ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।
Russian	Переведенная версия данного документа доступна на русском языке. Обратитесь в школу вашего ребенка, чтобы получить экземпляр.
Somali	Nuqul turjuman oo waraaqaahaan ah ayaa lagu heli karaa Somali. La xidhiidh dugsiiga ilmahaaga si aad u dalbato nuqul.
Spanish	Este documento está disponible en una versión traducida al español. Contacte a la escuela de su hijo/a para solicitar una copia.
Tagalog	Ang isinalin na bersyon ng dokumentong ito ay makukuha sa Tagalog. Makipag-uugnay sa paaralan ng inyong anak upang humiling ng isang kopya.
Tamil	இந்த ஆவணத்தின் மொழிபெயர்க்கப்பட்ட வடிவம் தமிழ் மொழியில் கிடைக்கிறது. பிரதியொன்றைப் பெறுவதற்கு உங்களுடைய பிள்ளையின் பாடசாலையைத் தொடர்புகொள்ளுங்கள்.
Telugu	ఈ దస్తావేజుల తెలుగు భాష లో కూడా అందుబాటులో ఉన్నాయి. ఒక కపి కోసం మీ పిల్లల స్కూల్ ని అభ్యర్థించండి.
Urdu	اس دستاویز کا ایک ترجمہ شدہ نسخہ اردو میں آن لائن دستیاب ہے۔ اس کی کاپی طلب کرنے کے لیے اپنے بچے کے سکول سے رابطہ کریں۔
Vietnamese	Một bản dịch của tài liệu này có sẵn bằng tiếng Việt. Xin liên lạc với trường của con quý vị để xin một bản.

QUESTIONS ABOUT YOUR CHILD

1. What is the **first language(s)** your child learned at home and still understands? (*Select all that apply*)

- | | | | | |
|--|--------------------------------|---------------------------------|--|-------------------------------|
| <input type="radio"/> American Sign Language | <input type="radio"/> English | <input type="radio"/> Hindi | <input type="radio"/> Mohawk | <input type="radio"/> Somali |
| <input type="radio"/> Arabic | <input type="radio"/> French | <input type="radio"/> Inuktitut | <input type="radio"/> Ojibwe | <input type="radio"/> Spanish |
| <input type="radio"/> Bengali | <input type="radio"/> Greek | <input type="radio"/> Korean | <input type="radio"/> Persian or Farsi | <input type="radio"/> Tagalog |
| <input type="radio"/> Cantonese | <input type="radio"/> Gujarati | <input type="radio"/> Mandarin | <input type="radio"/> Punjabi | <input type="radio"/> Tamil |
| <input type="radio"/> Dari | <input type="radio"/> Hebrew | <input type="radio"/> Michif | <input type="radio"/> Russian | <input type="radio"/> Urdu |

Other, please print in the box:

2. What language(s) does your child **speak** most often at home? (*Select all that apply*)

- | | | | | |
|--|--------------------------------|---------------------------------|--|-------------------------------|
| <input type="radio"/> American Sign Language | <input type="radio"/> English | <input type="radio"/> Hindi | <input type="radio"/> Mohawk | <input type="radio"/> Somali |
| <input type="radio"/> Arabic | <input type="radio"/> French | <input type="radio"/> Inuktitut | <input type="radio"/> Ojibwe | <input type="radio"/> Spanish |
| <input type="radio"/> Bengali | <input type="radio"/> Greek | <input type="radio"/> Korean | <input type="radio"/> Persian or Farsi | <input type="radio"/> Tagalog |
| <input type="radio"/> Cantonese | <input type="radio"/> Gujarati | <input type="radio"/> Mandarin | <input type="radio"/> Punjabi | <input type="radio"/> Tamil |
| <input type="radio"/> Dari | <input type="radio"/> Hebrew | <input type="radio"/> Michif | <input type="radio"/> Russian | <input type="radio"/> Urdu |

Other, please print in the box:

3. What is your **child's ethnic or cultural** background? (*Please print in the box. You can print more than one.*)

(*Examples: Afghani, American, Anishnaabe, Arab, Bengali, Canadian, Chinese, Colombian, Cree, Cuban, Dutch, East Indian, English, Ethiopian, Filipino, French, French-Canadian, German, Greek, Guyanese, Haudenosaunee, Hungarian, Indian, Inuit, Iranian, Irish, Italian, Jamaican, Jewish, Kenyan, Korean, Lebanese, Métis, Mi'kmaq, Nigerian, Ojibway, Pakistani, Polish, Portuguese, Roma, Russian, Scottish, Somali, Sri Lankan, Syrian, Trinidadian, Ukrainian, etc.*)

4. Does your child identify as **First Nations (Status or non-Status), Métis,** and/or **Inuit**? (*Select all that apply*)

- | | |
|---|---|
| <input type="radio"/> No | <input type="radio"/> Do not know |
| <input type="radio"/> Yes, First Nations (e.g., Cree, Mohawk, Ojibwe) | <input type="radio"/> Another Indigenous identity. Please print in the box: |
| <input type="radio"/> Yes, Métis | |
| <input type="radio"/> Yes, Inuit | |

5. Which of the following **best describes** your **child's racial background**? (*Select all that apply*)

- | | |
|--|--|
| <input type="radio"/> Black (e.g., African, Afro-Caribbean, African-Canadian descent) | <input type="radio"/> South Asian (e.g., Indian, Pakistani, Sri Lankan, Bangladeshi descent) |
| <input type="radio"/> East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent) | <input type="radio"/> Southeast Asian (e.g., Filipino, Vietnamese, Malaysian descent) |
| <input type="radio"/> First Nations, Métis, and/or Inuit descent | <input type="radio"/> White (e.g., English, Italian, German, European descent) |
| <input type="radio"/> Latin American (e.g., Brazilian, Mexican, Cuban, Chilean descent) | <input type="radio"/> Do not know |
| <input type="radio"/> Middle Eastern (e.g., Egyptian, Emiratis, Syrian, Saudi Arabian descent) | <input type="radio"/> Prefer not to answer |
| | <input type="radio"/> Other, please print in the box: |

6. What is **your child's gender** identity? (*Select all that apply*)

- | | |
|-----------------------------------|---|
| <input type="radio"/> Female | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Male | <input type="radio"/> I am not sure what this question is asking. |
| <input type="radio"/> Intersex | <input type="radio"/> Other, please print in the box: |
| <input type="radio"/> Questioning | (e.g., Gender fluid, Nonbinary, Gender non-conforming, Transgender, Two-spirit) |

7. What is your child's **religion** and/or **faith**? (*Select all that apply*)

- | | | |
|--|---|---|
| <input type="radio"/> Agnosticism (Agnostic) | <input type="radio"/> Indigenous spirituality | <input type="radio"/> Wicca |
| <input type="radio"/> Atheism (Atheist) | <input type="radio"/> Islam (Muslim) | <input type="radio"/> Zoroastrianism |
| <input type="radio"/> Bahá'í (Bahá'ís) | <input type="radio"/> Jainism (Jains) | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Buddhism (Buddhist) | <input type="radio"/> Judaism (Jewish) | <input type="radio"/> No religion |
| <input type="radio"/> Christianity (Christian) | <input type="radio"/> Sikhism (Sikh) | <input type="radio"/> Other, please print in the box: |
| <input type="radio"/> Hinduism (Hindu) | <input type="radio"/> Spiritual (but not religious) | |

8. Does **your child** have any of the following **disabilities (challenges/difficulties)**? (*Select all that apply*)

- | | | |
|--|--|--|
| <input type="radio"/> Chronic health condition (e.g., epilepsy, cerebral palsy, spina bifida, cystic fibrosis, etc.) | <input type="radio"/> Memory (e.g., difficulty remembering information) | <input type="radio"/> Speech (e.g., difficulty speaking and/or being understood) |
| <input type="radio"/> Developmental (e.g., Down syndrome, autism or general delay, etc.) | <input type="radio"/> Mental health (e.g., depression, anxiety, etc.) | <input type="radio"/> Vision (e.g., difficulty seeing) |
| <input type="radio"/> Dexterity (e.g., difficulty using hands/fingers to grab/hold small objects, such as pencils or scissors) | <input type="radio"/> Mobility (e.g., difficulty walking on flat firm surfaces like sidewalks or floors) | <input type="radio"/> Do not know |
| <input type="radio"/> Hearing (e.g., difficulty hearing sounds) | <input type="radio"/> Pain (e.g., chronic aches or discomfort caused by illness, injury or condition) | <input type="radio"/> Other, please print in the box: |
| <input type="radio"/> Learning (e.g., difficulty learning due to attention problems, hyperactivity or dyslexia, etc.) | <input type="radio"/> Psychological (e.g., emotional or behavioural conditions) | |

No, none of the above

9. **Before entering kindergarten**, did your child regularly attend any of the following programs? (*Select all that apply or "No" if none apply*)

- Licensed child care/daycare centre or preschool (e.g., PLASP, YMCA, Family Day, etc.)
- Licensed child care provided in someone's home (e.g., Wee Watch)
- Private home child care provided by a **non-relative** (e.g., nanny, babysitter, etc.)
- Private home child care provided by a **relative** (e.g., grandparent, aunt/uncle, etc.)
- Child and family programs (e.g., Ontario Early Years Centres or EarlyON Child and Family Centres, Parenting and Family Literacy Centres, etc.)
- Other, please print in the box:
- No, none of the above

10. Is your child **currently attending** any of the following before-and-after school programs? (*Select all that apply*)

- Child care program located in your child's school
- Child care program located outside your child's school
- Community/recreation/sports program (e.g., Boys and Girls Club, karate, YMCA)
- Home child care (e.g., non-relative including nanny, babysitter, etc.)
- Other, please print in the box:
- No, none of the above

11. How does your child usually **get to school**? (*Choose one*)

- Walk
- School bus
- Car
- Bicycle
- Public transit (e.g., bus, taxi)

12. How does your child usually **come home from school**? (*Choose one*)

- Walk
- School bus
- Car
- Bicycle
- Public transit (e.g., bus, taxi)

13. How often does your child take part in these activities outside of school :	Never	A Few Times This Year	Monthly	Weekly
a) Arts (e.g., music, drama, dance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Cultural groups, faith/religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Volunteer activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Spending time with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Learning another language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Learning activities (e.g., tutoring, Kumon, Oxford, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. On average, how many hours does your child **usually sleep** on a **school night**? (*Choose one*)

- Less than 5 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11 hours or more

15. On average, how many days a week does your child **exercise or take part in a sport** that causes them to sweat and breathe harder?

- None
- 1-2 days
- 3-4 days
- 5-6 days
- Every day

QUESTIONS ABOUT YOU AND YOUR CHILD'S FAMILY

16. **Parent/Guardian 1 (Yourself)**

a) I am my child's: (*Choose one*)

- Mother
- Grandparent
- Father
- Foster parent
- Stepparent
- Other, please print in the box:

b) My country of birth:

- Canada
- Pakistan
- United Arab Emirates
- India
- United States
- Other, please print in the box:

c) My highest **level of education** completed: (*Choose one*)

- Apprenticeship
- High School
- No formal education
- College
- Post Graduate
- Do not know
- Elementary School
- University

d) I am: (*Choose one*)

- Not working/looking for work
- Working part-time (less than 35 hours per week)
- Working full-time (35 hours or more per week)
- A stay-at-home parent/guardian

Parent/Guardian 2 (If applicable)

e) This person is my child's: (*Choose one*)

- Mother
- Grandparent
- Father
- Foster parent
- Stepparent
- Other, please print in the box:

f) This person's **country of birth**:

- Canada
- Pakistan
- United Arab Emirates
- India
- United States
- Other, please print in the box:

g) This person's highest **level of education** completed: (*Choose one*)

- Apprenticeship
- High School
- No formal education
- College
- Post Graduate
- Do not know
- Elementary School
- University

h) This person is: (*Choose one*)

- Not working/looking for work
- Working part-time (less than 35 hours per week)
- Working full-time (35 hours or more per week)
- A stay-at-home parent/guardian

17. What was your **total family income** last year?

- Less than \$30,000
- \$30,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000+
- Prefer not to answer

18. How many **adults** (18 years old and older) currently live in your home? 1 2 3 4 5 6 or more

19. How many **children** (younger than 18 years old) currently live in your home? 1 2 3 4 5 or more

QUESTIONS ABOUT YOUR CHILD'S WELL-BEING

27. How often does your child <u>feel safe</u>:	Never	Rarely	Sometimes	Often	All the Time	Not Sure
a) In the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Inside and/or outside school property (e.g., schoolyard, around the school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) On their way to and from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) On their street and in their neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) When communicating on the Internet (e.g., email) (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How <u>often</u> is your child:	Never	Rarely	Sometimes	Often	All the Time	Not Sure
a) Happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Able to enjoy their daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Irritable or in a bad mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Nervous or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Tired in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Having headaches or stomachaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Uninterested in going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Thinking about your child's <u>health</u>, how <u>often</u> does your child usually:	Never	Once Every Few Years	Once a Year	More Than Once a Year	Not Sure	
a) Go to a doctor for a physical health check-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b) Go to an optometrist for an eyesight test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c) Go to a dentist to have their teeth checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. How <u>easy is it</u> for your child to:	Not Easy at All	Not Easy	Somewhat Easy	Easy	Very Easy	Not Sure
a) Make new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Cope with difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Control their behaviour when angry or upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. During a <u>regular school week</u> (Monday to Friday), how often does your child:	Never	1-2 days	3-4 days	Every day (5 days)	Not Applicable	
a) Eat breakfast before school starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b) Eat breakfast provided by your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c) Eat lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
d) Eat dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e) Eat fruits/vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
f) Eat/drink dairy products (e.g., milk, cheese, yogurt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g) Have fast food, pop or sweetened drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h) Feel hungry at home because there is not enough food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
i) Feel hungry at school because they do not have enough food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. If your child had an <u>issue at school</u> (e.g., academics, physical health, well-being), how <u>comfortable</u> would your child feel talking about it with:	Very Uncomfortable	Uncomfortable	Neither Comfortable or Uncomfortable	Comfortable	Very Comfortable	Not Sure
a) A teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) A principal or vice principal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Another adult at school (e.g., office staff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) A social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Parent(s)/guardian(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Other family members or relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. This school year, how often has your child experienced bullying?

- On a daily basis On a weekly basis Monthly Never

34. About how many hours a day does your child usually spend on social media (e.g., Facebook, Instagram, Snapchat, YouTube, etc.)?

- None Less than 1 hour 1 hour 2 hours 3 to 4 hours 5 to 6 hours 7 hours or more Not sure

35. Thinking about your child's future education, do you expect them to complete: (Select all that apply)

- Ontario Secondary School Diploma/Certificate Graduate School (e.g., Masters, PhD) Other
 An apprentice program A specialized program Not sure
 College (e.g., Advanced Placement, French Immersion, International Baccalaureate, Regional Arts, specialized sports, etc.)
 University

36. What are the main reasons that make your child late or absent from school? (Select all that apply or "Never late or absent" if none apply)

- Doesn't like school/school is not important Not getting along with adults at school Sickness, illnesses, medical condition
 Extracurricular activities (e.g., sports, dance) Not getting along with other students Medical treatment, hospital stay or medical visits
 Family reasons (e.g., need to help out at home) Public transit late or cancelled (e.g., bus, taxi) Too tired
 Family transportation late or not available (e.g., car trouble, parent sick or running late) School bus late or cancelled Unhappy and/or anxious
 Fear of being bullied School parking lot traffic (e.g., kiss and ride) Weather
 Never late or absent

Thank You!