



[Empty box for ID]

QUESTIONS ABOUT ME

1. What is the **first language(s)** you learned at home as a child and still understand? (Select all that apply)

- Radio button options: American Sign Language, Arabic, Bengali, Cantonese, Dari, English, French, Greek, Gujarati, Hebrew, Hindi, Inuktitut, Korean, Mandarin, Michif, Mohawk, Ojibwe, Persian or Farsi, Punjabi, Russian, Somali, Spanish, Tagalog, Tamil, Urdu

Other, please print in the box:

[Empty box for other language]

2. What language(s) do you **speak** most often at home? (Select all that apply)

- Radio button options: American Sign Language, Arabic, Bengali, Cantonese, Dari, English, French, Greek, Gujarati, Hebrew, Hindi, Inuktitut, Korean, Mandarin, Michif, Mohawk, Ojibwe, Persian or Farsi, Punjabi, Russian, Somali, Spanish, Tagalog, Tamil, Urdu

Other, please print in the box:

[Empty box for other language]

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

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(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. Do you identify as **First Nations (Status or non-Status), Métis,** and/or **Inuit**? (Select all that apply)

- Radio button options: No, Yes, First Nations (e.g., Cree, Mohawk, Ojibwe), Yes, Métis, Yes, Inuit, Do not know, Another Indigenous identity. Please print in the box:

[Empty box for other indigenous identity]

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

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

[Empty box for other racial background]

6. My **gender** identity: (Select all that apply)

- Radio button options: Female, Male, Intersex, Questioning, Prefer not to answer, I am not sure what this question is asking, Other, please print in the box: (e.g., Gender fluid, Nonbinary, Gender non-conforming, Transgender, Two-spirit)

[Empty box for other gender identity]

7. How do you identify your **sexual orientation**? (Select all that apply)

- Radio button options: Asexual, Bisexual, Gay, Lesbian, Pansexual, Queer, Questioning, Straight (Heterosexual), Two-spirit, I am not sure what this question is asking, Prefer not to answer, Do not know, Other, please print in the box:

[Empty box for other sexual orientation]

8. What is your **religion** and/or **faith**? (Select all that apply)

- Radio button options: Agnosticism (Agnostic), Atheism (Atheist), Bahá'í (Bahá'ís), Buddhism (Buddhist), Christianity (Christian), Hinduism (Hindu), Indigenous spirituality, Islam (Muslim), Jainism (Jains), Judaism (Jewish), Sikhism (Sikh), Spiritual (but not religious), Wicca, Zoroastrianism, Do not know, Prefer not to answer, No religion, Other, please print in the box:

[Empty box for other religion/faith]

16. At my school, I feel people like me are reflected positively in:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Not Sure
a) Pictures, posters and displays of student work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Materials teachers use in class (e.g., books, videos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Topics we study in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) School events/activities (e.g., extra-curricular activities, celebrations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How often do you take part in these school activities (i.e., outside of your regular classroom):	Never	A Few Times This Year	Monthly	Weekly
a) Arts (e.g., choir, band, drama, dance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Sports (e.g., basketball, track and field)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Cultural groups/clubs, faith/religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) School field trips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) School leadership activities (e.g., student council, school publications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) School clubs (e.g., chess club, eco club)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) School special events (e.g., dances, talent shows, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How often do you 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) Youth programs, clubs or organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Cultural groups, faith/religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Volunteer activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Spending time with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Learning another language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Learning activities (e.g., tutoring, Kumon, Oxford, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTIONS ABOUT MY WELL-BEING

19. How often do you feel safe :	Never	Rarely	Sometimes	Often	All the Time
a) In your classroom(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Inside and/or outside school property (e.g., cafeteria, schoolyard, around the school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) On your way to and from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) On your street and in your neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) When browsing, chatting or playing games on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. At your school , how often have you:	Never	Rarely	Sometimes	Often	All the Time
a) Worried about being bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Been physically bullied (e.g., hit, kicked or punched)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Been verbally bullied (e.g., others have said mean things about the way you look, who you are, what you believe, where you live, or how good you are at things)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Been socially bullied (e.g., treated you badly or left you out of groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Been cyber bullied (e.g., received hurtful comments/pictures on the Internet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Been sexually harassed (e.g., received jokes about your body or touched your body in a way that made you feel uncomfortable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Had your things stolen or damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Felt you would be comfortable reporting bullying to teachers or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How often do you feel :	Never	Rarely	Sometimes	Often	All the Time
a) Good about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) You liked the way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Nervous or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Tired for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Under a lot of stress or pressure (e.g., stressed out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. On average, how many hours do you **usually sleep** on a **school night**?
- Less than 5 hours
 5 hours
 6 hours
 7 hours
 8 hours
 9 hours
 10 hours
 11 hours or more

23. On average, how many days a week do you **exercise or take part in a sport** that causes you to sweat and breathe harder?

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

24. About how many **hours a day** do you 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

25. How do you usually **get to school?** (Choose one)

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

26. How do you usually **get home from school?** (Choose one)

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

27. If you had an issue at school (e.g., academics, physical health, emotional well-being, relationships), how comfortable would you 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 guidance counsellor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) A principal or vice-principal	<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) 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"/>
g) Parent(s)/guardian(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Other family members or relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Do you ever feel **unwelcome or uncomfortable** at your school because of any of the following? (Select all that apply or "No" if none apply)

- My gender identity My grades or marks A disability that I have
 My sexual orientation The way I look The way I dress
 My race, culture, or skin colour My religion or faith My hobbies, activities, and/or interests
 My language My family's level of income No, I do not feel unwelcome or uncomfortable.

29. Thinking about your health , how often do you 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 your teeth checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. During a regular school week (Monday to Friday), how often do you:	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 you do not have enough food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Thinking about your future , what is the highest level of education you, your parent(s)/guardian(s) and school staff expect you to complete:	Ontario Secondary School Diploma/Certificate	Apprentice Program	College	University	Graduate School	Other	Not Sure
a) Myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Parent(s)/guardian(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) School staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. What are the main reasons that make you **late or absent from school?** (Select all that apply or "Never late or absent" if none apply)

- Don'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) Need to work Too tired
 Family transportation late or not available (e.g., car trouble, parent sick or running late) Public transit late or cancelled (e.g., bus, taxi) Unhappy and/or anxious
 Fear of being bullied School bus late or cancelled Weather
 School parking lot traffic (e.g., kiss and ride) Never late or absent

33. During a usual school week, how many hours do you **work, paid or unpaid, outside** of the house?

- Do not work 1 to 5 hours 6 to 10 hours 11 to 15 hours 16 to 20 hours More than 20 hours

Thank You!

Student Instructions

STUDENT NAME:



IF THIS IS **NOT** YOUR NAME, RETURN THE PACKAGE TO YOUR TEACHER
AND GET THE ONE WITH **YOUR NAME**.

TEACHER NAME:

HOMEROOM:

INSTRUCTIONS FOR STUDENTS

The Peel District School Board invites every student in grades 4 to 12 to complete the *Student Census*. By completing the census, you will help the Peel board to better understand the needs of students and school communities.

Some reminders before you start:

- Please make sure **your name** is at the top of this page. If your name is not at the top of this page, return the package to your teacher and get the one with **your name**.
- This is not a test—there are **no wrong answers**, just what is right for you. Take your time to answer each question completely and think about what is true for yourself.
- 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.
- If you do not understand any questions, please **ask your teacher** for help. It is important that you answer the questions on **your own** and not discuss them with other students.
- Your answers will be kept **confidential**. No one at your school will read or have access to your responses.
- When you are finished, keep this page with you. Place **ONLY** your completed *Student Census* in the envelope, 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 have a concern or would like to speak to someone about something that is worrying you, you can:
 - speak with your teacher, teaching assistant, guidance counsellor, principal or another caring adult at your school.
 - call the **Kids Help Phone** at 1-800-668-6868 or download their **free** chat app *Always There*.

