



2022 YRDSB Family Survey

Thank you for completing this survey. Your voice is important to us. The purpose of this survey is to collect feedback from families about experiences of learning during this school year. This feedback will be used to inform programs and strategies that help to ensure safe, inclusive, and respectful school environments that support student achievement and well-being.

The survey will include questions related to: Learning Model, Technology, and Learning Tools; Engagement and Learning; Family/School Communication and Community Engagement; Well-Being and Mental Health; Relationships with Peers and Staff; Safety, Discrimination and Bullying; Equity and Inclusive Learning Environments; and Student Identity. We ask questions about student identity (e.g., race, gender) to support understanding how learning experiences may differ among groups of students.

The survey is **anonymous** and **confidential** so no one will know your individual responses to the questions. The survey is **voluntary** and you may skip any questions that you do not want to answer. **Please do not add your name to this survey.** The information you share will only be accessible by staff in YRDSB's Research and Assessment Services department.

The third party data collection tool we use will also have access to responses until Research and Assessment Services removes them after the survey is closed. Storage and retention of data will follow [Board Policy and Procedure #160.0](#) Records and Information Management.

When you are answering the questions, please think about you and your child's experiences during **this school year**. This survey will take about **20 minutes** to complete. Please complete the survey by June 30, 2022. Survey results will be shared with Trustees, schools, Board departments, and the public in the form of a summary report and will be available in the 2022-2023 school year.

If you have more than one child, please complete a separate survey for each child.

If you have any questions or concerns, please contact Shawn Bredin, Superintendent, Research, Assessment and Evaluation Services at research.services@yrdsb.ca, (905) 727- 0022 ext. 4355, or 300 Harry Walker Parkway South, Newmarket, Ontario L3Y 8E2.

Data Collection Notification

This information is collected for educational purposes only under the authority of the Anti-Racism Act, 2017, S.O. 2017, c. 15, and section 169.1 (1) (2.1) of the Education Act, R.S.O. 1990, c. E. 2 (as amended). The information will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56 (as amended).

*I have read and understood the collection and use of information.

- Yes

*You must **agree** that you have read and understood the collection and use of information to **participate** in the survey.

Part A: General Questions

A1. Which school model has your child mostly attended this school year?

- Face-to-Face Learning Model (i.e., My child goes to class in person)
- Remote Learning Model (i.e., My child goes to class online)

A2. What grade is your child currently in?

- Full-day Kindergarten - Year 1 (Junior Kindergarten)
- Full-day Kindergarten - Year 2 (Senior Kindergarten)
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- 12+ in a community class (e.g., more than 4 years in a community class)
- 12+ not in a community class (e.g., completing additional years of secondary school)

A3. Which **elementary** school did your child mostly attend this year? (If your child switched schools, indicate the school they attended most often this school year) _____

Which **secondary** school did your child mostly attend this year? (If your child switched schools, indicate the school they attended most often this school year) _____

A4. Based on my experiences this school year, I am satisfied with the overall quality of education my child received.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

A5. Based on my experiences this school year, the instruction my child received supported their strengths, needs and interests.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

A6. How likely is it that you would recommend YRDSB to a friend or colleague?

(Not at all likely) 0 1 2 3 4 5 6 7 8 9 10 (Extremely likely)

Part B: About My Child

B1.What language(s) does your child mostly speak, hear and/or see at home? (select all that apply)

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="radio"/> American Sign Language | <input type="radio"/> Gujarati | <input type="radio"/> Punjabi |
| <input type="radio"/> Albanian | <input type="radio"/> Hebrew | <input type="radio"/> Russian |
| <input type="radio"/> Arabic | <input type="radio"/> Hindi | <input type="radio"/> Serbian |
| <input type="radio"/> Bengali | <input type="radio"/> Hungarian | <input type="radio"/> Sinhalese |
| <input type="radio"/> Cantonese | <input type="radio"/> Inuit | <input type="radio"/> Somali |
| <input type="radio"/> Cree | <input type="radio"/> Italian | <input type="radio"/> Spanish |
| <input type="radio"/> Croatian | <input type="radio"/> Korean | <input type="radio"/> Tagalog |
| <input type="radio"/> Dari | <input type="radio"/> Malayalam | <input type="radio"/> Tamil |
| <input type="radio"/> Dutch | <input type="radio"/> Mandarin | <input type="radio"/> Turkish |
| <input type="radio"/> English | <input type="radio"/> Mi'kmaw | <input type="radio"/> Ukrainian |
| <input type="radio"/> Farsi/Persian | <input type="radio"/> Mohawk | <input type="radio"/> Urdu |
| <input type="radio"/> French | <input type="radio"/> Ojibwe | <input type="radio"/> Vietnamese |
| <input type="radio"/> German | <input type="radio"/> Pashto | <input type="radio"/> Not sure |
| <input type="radio"/> Greek | <input type="radio"/> Polish | |
| | <input type="radio"/> Portuguese | |

- Indigenous language(s) or other language(s) not listed above (specify): _____

Note: Families are invited to identify their child as First Nations, Métis, Inuit with the school board to access culturally specific opportunities and resources. Self-Identification is completed through the school registration process or by submitting the First Nations, Métis, and Inuit Self-Identification Form. Please note that answering “Yes” to the question below will not provide a student with culturally specific resources or identify them as Indigenous unless the student has officially Self-Identified through the registration process. More information about how to officially Self-Identify with the school board can be found on the YRDSB Indigenous Education [webpage](#) and in this [resource](#).

B2.Does your child identify as First Nations, Métis, and/or Inuit (First Nations include Status and Non-Status people)? If yes, select all that apply.

- No, my child is not Indigenous to Canada
- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- Yes, not listed here (specify): _____

B3.Do you identify as First Nations, Métis, and/or Inuit (First Nations include Status and Non Status people)? If yes, select all that apply.

- No, I am not Indigenous to Canada
- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- Yes, not listed here (specify): _____

B4.

a) Was your child born in Canada?

- Yes
- No
- Prefer not to answer

For Reference Only – DO NOT FILL OUT

b) My child is:

- a Canadian citizen
- an international student (enrolled through a study permit)
- a landed immigrant/permanent resident
- a refugee claimant
- Not sure
- Prefer not to answer
- I do not understand this question

c) How long has your child lived in Canada?

- Less than 1 year
- 1-3 years
- 4-6 years
- 7-9 years
- 10 or more years
- Not sure
- Prefer not to answer

B5. Does your child consider themselves Canadian? (You do not have to be born in Canada to think of yourself as Canadian.)

- Yes
- No
- Not sure

B6. What is your child's ethnic or cultural origin(s)? (If your child identifies with multiple ethnic or cultural origins, specify all that apply.)

- | | | |
|---|-------------------------------------|----------------------------------|
| <input type="radio"/> Anishinaabe | <input type="radio"/> Guyanese | <input type="radio"/> Polish |
| <input type="radio"/> Arab | <input type="radio"/> Haudenosaunee | <input type="radio"/> Portuguese |
| <input type="radio"/> Canadian | <input type="radio"/> Inuit | <input type="radio"/> Russian |
| <input type="radio"/> Chinese | <input type="radio"/> Iranian | <input type="radio"/> Scottish |
| <input type="radio"/> Colombian | <input type="radio"/> Irish | <input type="radio"/> Serbian |
| <input type="radio"/> Cree | <input type="radio"/> Italian | <input type="radio"/> Somali |
| <input type="radio"/> Dutch | <input type="radio"/> Jamaican | <input type="radio"/> Spanish |
| <input type="radio"/> East Indian | <input type="radio"/> Jewish | <input type="radio"/> Sri Lankan |
| <input type="radio"/> English | <input type="radio"/> Korean | <input type="radio"/> Tamil |
| <input type="radio"/> French | <input type="radio"/> Lebanese | <input type="radio"/> Turkish |
| <input type="radio"/> Filipino | <input type="radio"/> Métis | <input type="radio"/> Ukrainian |
| <input type="radio"/> German | <input type="radio"/> Mi'kmaq | <input type="radio"/> Vietnamese |
| <input type="radio"/> Greek | <input type="radio"/> Pakistani | |
| <input type="radio"/> An ethnic or cultural origin(s) not listed above (specify): _____ | | |

Note: The examples in the list were chosen based on their frequency of response to previous surveys. This is not an exhaustive list. To find additional examples of ethnic and cultural origins visit [Statistics Canada](http://www150.statcan.gc.ca/n1/pub/92-627-x/2015001/article/14661-eng.htm).

People are often described as belonging to a certain “race” based on how others see and behave toward them. These ideas about who belongs to what race are usually based on physical features such as skin colour. Ideas about race are often imposed on people by others in ways that can affect their life experiences and how they are treated.

For Reference Only – DO NOT FILL OUT

B7. Which racial group(s) best describes your child? (If your child identifies with multiple racial groups, select all that apply).

- Black (e.g., African, African-Canadian, Afro-Caribbean descent)
- East Asian (e.g., Chinese, Japanese, Korean, Taiwanese descent)
- Indigenous to Canada (e.g., First Nations, Métis, Inuit descent)
- Latino/Latina/Latinx (e.g., Latin American, Colombian, Ecuadorian, Mexican, Peruvian descent)
- Middle Eastern (e.g., Afghan, Arab, Egyptian, Israeli, Iranian, Kurdish, Lebanese, Persian, Turkish descent)
- South Asian (e.g., Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan descent)
- Southeast Asian (e.g., Cambodian, Filipino, Indonesian, Malaysian, Thai, Vietnamese descent)
- White (European descent e.g., British, French, German, Italian, Russian descent)
- Prefer not to answer
- A race or racial background not listed above (specify): _____

B8. What is your child's religion and/or spiritual affiliation? (If your child identifies with multiple religions or spiritual affiliations, select all that apply)

- Agnostic (A person who thinks it's impossible to know if any God or Gods exist)
- Atheist (A person who does not believe in any God or Gods)
- Buddhist
- Catholic
- Christian (non-Catholic)
- Hindu
- Indigenous Spirituality
- Jewish
- Muslim
- Sikh
- Spiritual, but not religious
- No religious or spiritual affiliation
- Not sure
- I do not understand this question
- Religion(s) or spiritual affiliation(s) not listed above (specify): _____

Gender identity is a person's internal and deeply felt sense of being a man, a woman, both, neither, or having another identity on the gender spectrum. A person's gender identity may be different from their assigned sex at birth (e.g., female or male).

B9. What is your child's gender identity? (If your child identifies with multiple gender identities select all that apply)

- Boy/Man
- Girl/Woman
- Non-Binary/Genderqueer (Refers to a person whose gender identity does not align with the binary concept of gender such as boy or girl) or Gender Fluid (Refers to a person whose gender identity changes or shifts within the gender spectrum)
- Two Spirit (An Indigenous person whose gender identity, spiritual identity or sexual orientation includes masculine, feminine, or non-binary spirits)
- Not sure

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- I do not understand this question
- Prefer not to answer
- Gender identity(ies) not listed above (specify): _____

B10. Does your child identify with the gender they were assigned at birth?

- Yes
- No
- Prefer not to answer

Sexual orientation covers the range of human sexuality and is different from gender identity.

B11. What is your child's sexual orientation? (If your child identifies with multiple sexual orientations, select all that apply)

- Asexual (A person who does not experience sexual attraction)
- Bisexual (A person who experiences attraction to two or more genders)
- Gay (A person who experiences attraction to people of the same gender. Gay can include both male and female individuals, or refer to male individuals only)
- Heterosexual/Straight (A man/boy who is attracted to women/girls or a woman/girl who is attracted to men/boys)
- Lesbian (A female person who experiences attraction to female individuals)
- Pansexual (A person who experiences attraction to people of diverse sexes and/or genders)
- Queer (A person whose sexual orientation or gender identity goes against the heteronormative social model. Note: The term has been reappropriated by 2SLGBTQ+ communities to transform it from an insult into a symbol of self-determination and freedom.)
- Questioning (A person who is exploring their own sexual orientation)
- Two Spirit (An Indigenous person whose gender identity, spiritual identity or sexual orientation includes masculine, feminine, or non-binary spirits)
- Not sure
- I do not understand this question
- Prefer not to answer
- A sexual orientation not listed above (specify): _____

Some people identify as a person with a disability(ies). A person's disability may be diagnosed or not diagnosed. It may be hidden or visible. A disability is not something a person has. A person with a medical condition is not necessarily prevented (or disabled) from fully taking part in society. It's not the attribute of the person that makes it difficult to function, it's the barrier created when a system/structure is only designed with "able" individuals' needs in mind.

A disability may be physical, mental, behavioural, developmental, sensory, communicational or a combination of any of these. Barriers such as settings that are hard to access (like school, shops or public places), negative attitudes, and barriers to information contribute to a person's experience of having a disability.

B12.

a) Does your child identify as a person with a disability(ies)?

- Yes
- No
- Not sure
- I do not understand this question

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- Prefer not to answer

b) Your child's disability(ies) include (select all that apply):

- Autism Spectrum Disorder
- Blind or Low Vision or any other Visual Disability
- Deaf or Hard of Hearing
- Deafblind
- Developmental Disability(ies)
- Language Impairment
- Learning Disability(ies)
- Mild Intellectual Disability
- Physical Disability(ies)
- I do not understand this question
- Prefer not to answer
- Any disability(ies) not listed above (specify): _____

B13.

a) Does your child have an Individual Education Plan (IEP) to support their learning?

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

b) Indicate the exceptionalities listed on your child's IEP (select all that apply):

- Autism
- Behaviour
- Blind and Low Vision
- Deaf and Hard of Hearing
- Developmental Disability
- Giftedness
- Language Impairment
- Learning Disability
- Mild Intellectual Disability
- Multiple Exceptionalities
- Physical Disability
- Speech Impairment
- Not sure
- Another exceptionality: _____

c) If your child is receiving special education programming this year (e.g., accommodations, IEP), does it support their strengths, needs, and interests?

- Yes
- No
- Not sure
- Not applicable - my child is not receiving special education programming
- Prefer not to answer

For Reference Only – DO NOT FILL OUT

B14.

- a) This school year, was your child learning English as a second or additional language (i.e., class support, support from an ESL teacher, or if in high school, were they enrolled in an ESL/ELD course e.g., ESLCO, ESLEO)?
- Yes
 - No
 - Not sure
 - Prefer not to answer
- b) Think about your child’s experiences in all their classes this school year when responding to the following question: As an English language learner, did your child feel their learning needs were supported?
- My child felt very supported
 - My child felt somewhat supported
 - My child did not feel supported

Part C: Learning Model, Technology, and Learning Tools

- C1.** Has your child had reliable internet at home this school year (e.g., it does not freeze, lag, or disconnect and you do not experience power outages)?
- Yes, my child has internet and it is always reliable
 - Yes, my child has internet and it is mostly reliable
 - Yes, my child has internet but it is not reliable
 - No, my child has not had internet at home
- C2.** Does your child have access to an electronic device (e.g., a computer, laptop, Chromebook, Assistive Technology, electronic refreshable braille device, hearing receiver) to complete their schoolwork?
- Yes, my child has their own device
 - Yes, my child has a device that is borrowed from the school
 - Sometimes, my child shares a device owned by our family
 - Sometimes, my child shares a device with our family borrowed from the school
 - No, my child does not have a device available for schoolwork
- C3.** Think about the tasks and assignments your child had to complete when learning online this year. Select the option that best applies to them:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) My child had the materials they needed to complete their assignments.					
b) My child was able to get the support from their teacher(s) and other staff when they needed it.					

For Reference Only – DO NOT FILL OUT

C4. When learning online this year, your child had access to online spaces or platforms that supported their well-being (e.g., chat features, virtual drop in hours).

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

C5. Based on your child’s learning model (i.e., in-person or remote) and experiences this year, to what extent were they able to:

	To a large extent	To a moderate extent	To some extent	To a little extent	Not at all	Not sure
a) Participate in class discussions						
b) Understand the learning						
c) Build relationships with the teacher						
d) Build friendships with other students						
e) Collaborate with other students						
f) Communicate with their teacher(s) when they needed to (e.g., talk to, ask questions and get support).						
g) Receive support from other school staff (e.g., ESL Teacher, SERT, Guidance)						
h) Receive feedback from their teacher(s)						
i) Receive support and feedback from other students						
j) Demonstrate their learning						

C6. The learning model (i.e., in-person or online) supported my child’s overall:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) Well-being and mental health					
b) Learning and achievement					

C7. In what ways did the learning model benefit your child?

For Reference Only – DO NOT FILL OUT

C8. What challenges did your child experience with their learning model?

C9. To improve my child’s online learning experiences I would suggest:

Part D: Engagement and Learning

D1. When my child is at school or learning online:

	All the time	Often	Sometimes	Rarely	Never	Not sure
a) My child enjoys learning.						
b) My child feels like they are part of a community.						

D2. Tell us the reason(s) why your child has been absent from school and/or the classroom this school year (select all that apply):

- Not applicable (never absent)
- Sickness or illness
- Symptoms associated with COVID-19 Daily Screening
- Mental health/well-being difficulty (e.g., feeling anxious, unhappy, overwhelmed)
- Public transit late or cancelled (e.g., bus or taxi)
- Family transportation late or not available (e.g., car trouble or running late)
- School bus late or cancelled
- Family reasons (e.g., need to help out at home)
- Extra-curricular activities outside of school (e.g., competition, tournament, performance)
- Few or no friends in their class(es)
- Need to work
- Weather
- Fear of being bullied
- Avoiding other students
- Avoiding adults at school
- Studying or completing work for another class
- An adult other than their teacher supervising the class
- My child doesn’t like school
- Other (specify): _____

D3. What does your child plan to do after high school? (select all that apply) **[SECONDARY ONLY]**

- No plans at this time
- Work
- Attend college
- Attend university
- Attend a joint college/university program
- Attend a community-based day program
- Attend an apprenticeship program
- Military service

For Reference Only – DO NOT FILL OUT

- Volunteer activity
- Travel or gap year
- Not sure
- Other plans (specify): _____

This year, secondary schools had culminating activity days instead of formal exams or assessment tasks worth 30% of the final mark.

D4. How helpful were the culminating activity days for (select “not applicable” if your child’s course(s) contained an assessment task worth 30% of their final grade): **[SECONDARY ONLY]**

	Extremely helpful	Somewhat helpful	Slightly helpful	Not at all helpful	Not sure	Not applicable
a) Your child’s learning.						
b) Your child being able to meet with their teachers for additional support						
c) Your child’s ability to demonstrate their learning without having to write exams						
d) Your child’s achievement						
e) Your child’s well-being and mental health						

Part E: Family/School Communication and Community Engagement

E1. I am able to communicate with my child’s teacher(s) when I need to (e.g., talk to, ask questions and get support).

- All the time
- Often
- Sometimes
- Rarely
- Never
- Not sure

E2. State your level of agreement with the following:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) The school recognizes me as a partner in my child’s learning and well-being (e.g., sees me as an expert of my child’s identities, abilities and interests).					
b) I feel welcome at this school.					

For Reference Only – DO NOT FILL OUT

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
c) I feel welcome to contact this school.					
d) This school provides multiple ways for me to provide input into decisions that affect my child or my child's learning (e.g., digitally, after school meetings, phone calls).					
e) It is easy to connect with staff at my child's school (e.g., teacher, principal or vice-principal).					
f) I am satisfied with the information this Board provides me about community agencies and their services.					
g) I know who to connect with at my child's school to request additional support (e.g., accommodations).					

E3. This school provides me with enough information about:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) What is being taught at school.					
b) Student progress at school.					
c) Student tests and assessments.					
d) How to monitor and discuss schoolwork at home.					
e) How to support my child's learning at home.					
f) The work of the School Council.					

For Reference Only – DO NOT FILL OUT

E5. Think about your experiences this school year when responding to the following:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) This schools makes an effort to communicate with me.					
b) This school informs me about who to contact when I have issues.					
c) This school provides me with communication about the process for addressing issues.					
d) This school provides me with communication about how I will be informed of the outcome of any issues that have been raised.					
e) This school provides me with communication that is easy to access.					
f) This school provides me with communication that is easy to understand.					
g) This school works hard to eliminate language barriers faced by families.					

E6. Communications from this school are provided in a language that I understand.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not Sure

E7. YRDSB would like to gain a better understanding of how to provide accessible communication and learning. Would it be helpful to have communications translated into any of the following languages? (select all that apply):

- | | | |
|--|-------------------------------------|---------------------------------|
| <input type="radio"/> American Sign Language | <input type="radio"/> Dari | <input type="radio"/> Hebrew |
| <input type="radio"/> Albanian | <input type="radio"/> Dutch | <input type="radio"/> Hindi |
| <input type="radio"/> Arabic | <input type="radio"/> English | <input type="radio"/> Hungarian |
| <input type="radio"/> Bengali | <input type="radio"/> Farsi/Persian | <input type="radio"/> Inuit |
| <input type="radio"/> Cantonese | <input type="radio"/> French | <input type="radio"/> Italian |
| <input type="radio"/> Cree | <input type="radio"/> German | <input type="radio"/> Korean |
| <input type="radio"/> Croatian | <input type="radio"/> Greek | <input type="radio"/> Malayalam |
| | <input type="radio"/> Gujarati | <input type="radio"/> Mandarin |

For Reference Only – DO NOT FILL OUT

- Mi'kmaw
 - Mohawk
 - Ojibwe
 - Pashto
 - Polish
 - Portuguese
 - Punjabi
 - Russian
 - Serbian
 - Sinhalese
 - Somali
 - Spanish
 - Tagalog
 - Tamil
 - Turkish
 - Ukrainian
 - Urdu
 - Vietnamese
 - Not sure
- Indigenous language(s) or other languages not listed above (specify): _____

Part F: Well-Being and Mental Health

F1. In general, during this school year, how often did your child feel:

	All the time	Often	Sometimes	Rarely	Never	Not sure
a) Happy						
b) Nervous or anxious						
c) Positive about the future						
d) Lonely						
e) Good about themselves						
f) Sad or depressed						
g) Like they matter to people at school						
h) Socially isolated						
i) Angry						
j) Like they have no friends						
k) Like they no longer take pleasure or joy from things that once made them happy						
l) Hopeless						
m) Under a lot of stress or pressure						
n) Confident						

For Reference Only – DO NOT FILL OUT

	All the time	Often	Sometimes	Rarely	Never	Not sure
o) Like they have a say in important decisions at school that affect their lives						
p) Overwhelmed						

F2. Think about your child’s experiences this school year when responding to the following:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) Adults at this school care about my child’s well-being.					
b) There is at least one caring adult at my child’s school who supports them.					
c) If my child needed support(s) related to mental health, I would know how to get help.					
d) My child enjoys being at this school.					
e) My child feels supported by staff when they ask for help with their learning.					

F3. This school building is clean and well maintained to provide a good environment for learning.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not Sure
- Not applicable (i.e., my child was learning online)

F4. At this school, there is a focus on supporting the mental health and well-being of students.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

For Reference Only – DO NOT FILL OUT

F6. If your child had a concern about their mental health, who would they talk to? (select all that apply)

- Parents/Guardians or other relatives
- Friends
- Psychologist, Social Worker, Counsellor
- Teacher including a Guidance Counsellor or Student Success Teacher
- Another school adult (e.g., Office Staff, Teaching Assistant, Educational Assistant, Lunchroom Supervisor, Designated Early Childhood Educator)
- Principal or Vice-Principal
- No one
- Prefer not to answer
- Not sure
- Other (specify):_____

F7. If your child had a concern about their mental health and did not talk to an adult at school, is it because of any of the following? (select all that apply)

- My child did not have a mental health concern.
- My child preferred to handle the problem themself.
- My child did not think an adult at school would be able to help.
- My child did not know who to approach at school.
- My child did not know how to ask for help.
- My child was worried that other people would find out.
- My child was worried they would be judged for feeling that way.
- My child feels people will think they are just looking for attention.
- My child feels it is a sign of weakness.
- Not sure
- Other (specify):_____

This survey and the responses provided will not be monitored. Should your child require immediate mental health support please refer to 310 COPE (1-855-310-COPE) or Kids Help Phone (<https://kidshelpphone.ca> or 1-800-668-6868) for support.

Part G: Relationships with Peers and Staff

G1. Think about your child’s experiences this school year when responding to the following:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) Adults at this school reflect my child’s social identities (e.g., race, gender, culture, disabilities).					
b) Adults at this school have high expectations for my child.					
c) Student ideas are used to improve this school.					

For Reference Only – DO NOT FILL OUT

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
d) At this school, students have chances to be leaders.					
e) My child feels accepted for who they are by students at this school.					
f) My child feels accepted for who they are by adults at this school.					
g) It is easy for my child to make new friends at this school.					

Part H: Safety, Discrimination and Bullying

Feeling safe means feeling comfortable, relaxed, having identities valued, and not worried that someone could harm your body, hurt your feelings, or damage your belongings.

H1. My child feels safe at this school.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

Bullying is a form of repeated, persistent and aggressive behaviour that causes (or should be known to cause) fear and/or harm to another person's body, feelings, self-esteem or reputation. Bullying occurs in a context where there is a real or perceived power imbalance.

Cyberbullying involves the use of electronic devices or the internet to threaten, embarrass, socially exclude, and harass. Cyberbullying can occur through texting, email, chats, websites, instant messaging, cell phones and through the use of pictures/video clips.

Racism is when people are treated negatively based on their race. Racial jokes and slurs or hate crimes are examples.

Discrimination is being treated negatively because of your gender identity, racial background, ethnic origin, religion or spirituality, socio-economic background, special education needs, sexual orientation, or other factors.

H2. Since the start of this school year, how often has your child experienced:

	All the time	Often	Sometimes	Rarely	Never	Not sure
a) Bullying/Cyberbullying						
b) Racism/Discrimination						

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- H3.** My child knows how to report if bullying, cyberbullying, racism or discrimination happens at their school.
- Yes
 - No
 - Not sure

H4. I am satisfied with the steps this school has taken to:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) Prevent and address bullying/cyberbullying among students.					
b) Prevent and address racism/discrimination among students.					

H5. There is an adult at this school my child would feel comfortable speaking to:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) If they or someone else was bullied or experiencing discrimination or racism.					
b) If they or someone else was feeling unsafe.					

- H6.** Are you aware of the anonymous reporting button called “Report IT” on the school and Board websites?
- Yes
 - No
 - Not sure

Part I: Equity and Inclusive Learning Environments

I1. Think about your child’s experiences this school year when responding to the following:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) My child feels like they belong at this school.					
b) My child is treated with respect at this school.					
c) There is an adult at my child’s school who expects them to do well.					

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	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
d) At this school, students respect each other's differences.					

12. At my child's school, their social identities (e.g., race, gender, culture) are reflected positively in:

	All the time	Often	Sometimes	Rarely	Never	Not sure
a) Class lessons and discussions						
b) Assessments (e.g., projects, presentations, assignments, conversations, observations)						
c) Learning materials (e.g., textbooks, books, videos, apps)						
d) Pictures, images or posters in the school						

13. The books and resource material in this school positively reflect the diversity of the students in the community.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

14. When learning at school, my child sees their race reflected positively in:

	All the time	Often	Sometimes	Rarely	Never	Not sure
a) Topics studied in class.						
b) Materials used in class.						

Social justice refers to equitable treatment and equitable opportunities for all people without discrimination.

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15. At school, my child is encouraged to think or learn about human rights/social justice issues related to:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) Indigenous peoples of Canada					
b) Gender identity					
c) Race					
d) Ethnicity and culture					
e) Poverty					
f) People with disabilities					
g) Sexual orientation					

16. My child's school is supportive of their faith accommodations (e.g., changes to my music, gym class).

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure

17.

a) Are there are barriers that get in the way of my child's learning and well-being at school.

- Yes
- No
- Not sure

b) Indicate how often these barriers get in the way of your child's learning and well-being at school:

	All the time	Often	Sometimes	Rarely	Never	Not sure	I do not understand this question
a) Anti-Indigenous racism							
b) Ableism (special education needs or disability)							

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	All the time	Often	Sometimes	Rarely	Never	Not sure	I do not understand this question
c) Anti-Arab racism							
d) Anti-Asian racism							
e) Anti-Black racism							
f) Anti-Sikh racism							
g) Antisemitism (anti-Jewish racism)							
h) Homophobia, Biphobia, Heterosexism							
i) Islamophobia (anti-Muslim racism)							
j) Language, Dialect Discrimination, My child's first languages							
k) My child's grades or marks							
l) My child's hobbies, activities and/or interests							
m) Newcomer Status, Citizenship Discrimination							
n) Sexism							
o) Sizeism							
p) The way my child dresses							
q) The way my child looks							
r) Transphobia, Cissexism							

s) Another reason (specify): _____

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18. I understand how systemic racism occurs in education

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure
- I do not understand this question

19. Think about your experiences this school year when responding to the following:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	I do not understand this question
a) This school is actively working to create Black-affirming learning environments.						
b) YRDSB is actively working to address and dismantle systemic barriers.						
c) YRDSB is actively working to build trusting relationships with families.						
d) YRDSB is actively working to build trusting relationships with communities.						
e) YRDSB is actively engaging families as partners in education.						
f) YRDSB is actively engaging communities as partners in education.						
g) YRDSB is committed to equity and dismantling anti-Black racism.						
h) YRDSB provides me with information about resources to support my child’s education.						
i) Trustees are engaging in ongoing communication with the community.						