



# 2022 YRDSB Student Survey

Thank you for completing this survey. Student voice is important to us. The purpose of this survey is to collect feedback about your 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; 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**. 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 your experiences at this school 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 any questions or concerns, please contact Shawn Bredin, Superintendent, Research, Assessment and Evaluation Services at [research.services@yrdsb.ca](mailto:research.services@yrdsb.ca), (905) 727-0022 ext. 4355 or 300 Harry Walker Parkway South, Newmarket, ON 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.

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

Please select who is completing this survey.

- I am a student completing the survey myself
- I am a staff member supporting a student in completing this survey

## **Part A: General Questions**

**A1.** Which school model have you mostly attended this school year?

- Face-to-Face Learning Model (i.e., I go to class in person)
- Remote Learning (i.e., I go to class online)

**A2.** What grade are you currently in?

- 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 you mostly attend this year? (If you switched schools, indicate the school you attended most often the school year)

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

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

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

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

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

**A6.** How likely is it that would recommend YRDSB to a friend or family member?

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

**For Reference Only – DO NOT FILL OUT**

**Part B: About Me**

**B1.**What language(s) do you mostly speak, hear and/or see at home? (select all that apply)

- American Sign Language
- Albanian
- Arabic
- Bengali
- Cantonese
- Cree
- Croatian
- Dari
- Dutch
- English
- Farsi/Persian
- French
- German
- Greek
- Gujarati
- Hebrew
- Hindi
- Hungarian
- Inuit
- Italian
- Korean
- Malayalam
- Mandarin
- 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 language(s) not listed above (specify): \_\_\_\_\_

**Note:** Students are invited to Self-Identify 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 Self-Identify with the school board can be found on the YRDSB Indigenous Education [webpage](#) and in this [resource](#).

**B2.**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 above (specify): \_\_\_\_\_

**B3.**

a) Where you born in Canada?

- Yes
- No
- Prefer not to answer

b) I am:

- a Canadian citizen
- an international student (enrolled through a study permit)
- a landed immigrant/permanent resident
- a refugee claimant

**For Reference Only – DO NOT FILL OUT**

- Not sure
- Prefer not to answer
- I do not understand this question

**c) How long have you 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

**B4.** Do you consider yourself a Canadian? (You do not have to be born in Canada to think of yourself as Canadian.)

- Yes
- No
- Not sure

**B5.** What is your ethnic or cultural origin(s)? (If you identify 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"/> Not sure   |
| <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 the previous surveys. This is not an exhaustive list. To find additional examples of ethnic and cultural origins visit [Statistics Canada](#).

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 which can affect their life experiences and how they are treated.

**B6.** Which racial group(s) best describes you? (If you identify 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)

**For Reference Only – DO NOT FILL OUT**

- 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): \_\_\_\_\_

**B7.**What is your religion and/or spiritual affiliation? (If you identify 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 the assigned sex at birth (e.g., female or male).

**B8.**What is your gender identity? (If you identify 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
- I do not understand this question
- Prefer not to answer
- Gender identity(ies) not listed above (specify): \_\_\_\_\_

**B9.**Do you identify with the gender you were assigned at birth?

- Yes
- No

**For Reference Only – DO NOT FILL OUT**

- Not sure
- Prefer not to answer
- I do not understand this question

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

**B10.** What is your sexual orientation? (If you identify 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" individual's 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.

**B11.**

- a) Do you identify as a person with a disability(ies)?
- Yes
  - No
  - Not sure
  - I do not understand this question
  - Prefer not to answer

**For Reference Only – DO NOT FILL OUT**

- b)** Your 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):\_\_\_\_\_

**B12.**

- a)** Do you have an Individual Education Plan (IEP) to support your learning?
- Yes
  - No
  - Not sure
  - I do not understand this question
  - Prefer not to answer
- b)** Indicate the exceptionalities listed on your 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 you are receiving special education programming this year (e.g., accommodations, IEP), does it support your strengths, needs, and interests?
- Yes
  - No
  - Not sure
  - Not applicable – I am not receiving special education programming
  - Prefer not to answer

**B13.**

- a)** This school year were you learning English as a second or additional language (i.e., class support, support from an ESL teacher, or if in high school were your enrolled in an ESL/ELD course e.g., ESLCO, ESLEO)?
- Yes
  - No
  - Not sure

**For Reference Only – DO NOT FILL OUT**

- Prefer not to answer
- b) Think about your experiences in all of your classes this school year when responding to the following question: As an English language learner (ESL or ELD support), did you feel your **language** learning needs were supported?
  - I felt very supported
  - I felt somewhat supported
  - I did not feel supported

**Part C: Learning Model, Technology, and Learning Tools**

**C1.** Have you 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, I have internet and it is always reliable
- Yes, I have internet and it is mostly reliable
- Yes, I have internet but it is not reliable
- No, I have not had internet at home

**C2.** Do you have access to an electronic device (e.g., a computer, laptop, Chromebook, Assistive Technology, electronic refreshable braille device, hearing receiver) to complete your schoolwork?

- Yes, I have my own device
- Yes, I use a device that is borrowed from the school
- Sometimes, I share a device owned by my family
- Sometimes, I share a device with my family borrowed from the school
- No, I do not have a device available for schoolwork

**C3.** Think about the tasks and assignments you have to complete when learning online this year and select the option that best applies to you:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) I had the materials I needed to complete my assignments.					
b) I was given clear information about how my assignments would be evaluated.					
c) I was able to get the support from my teacher(s) and other staff when I needed it.					
d) Overall, my assessments were a fair and accurate evaluation of my learning.					

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

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

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



**For Reference Only – DO NOT FILL OUT**

	To a large extent	To a moderate extent	To some extent	To a little extent	Not at all	Not sure
a) Participate in class discussion						
b) Understand the learning						
c) Build relationships with the teacher						
d) Build friendships with other students						
e) Collaborate with other students						
f) Communicate with your teacher(s) when you 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 your teacher(s)						
i) Receive support and feedback from other students						
j) Demonstrate your learning						

**C6.** My learning model (i.e., in person or online) supported my overall:

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

**C7.** In what ways did your learning model benefit you?

**C8.** What challenges did you experience with your learning model?

**C9.** To improve my online learning experiences I would suggest:

\_\_\_\_\_

**For Reference Only – DO NOT FILL OUT**

**Part D: Engagement and Learning**

**D1.**At this school, I have opportunities to:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) Set goals for my learning and follow through on those goals.					
b) Assess my own learning.					
c) Show what I have learned in a variety of ways.					
d) Talk in class and share my ideas.					
e) Improve my grades by learning from my mistakes.					
f) Share my thoughts about how I learn best.					
g) Use feedback to improve my work.					

**D2.**When I am at school or learning online:

	All the time	Often	Sometimes	Rarely	Never	Not sure
a) I enjoy learning.						
b) I feel like I am part of a community.						

**D3.**Tell us the reason(s) why you have been absent from school and/or the classroom during 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 my 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 my teacher supervising the class
- I don't like school
- Other (specify): \_\_\_\_\_

**D4.**This school provides enough information about career options.

- Strongly agree

**For Reference Only – DO NOT FILL OUT**

- Agree
- Disagree
- Strongly disagree
- Not sure

**D5.**What do you 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
- 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.**

**D6.**How helpful were the culminating activity days for (select “not applicable” if your course(s) contained an assessment task worth 30% of your final grade): **[SECONDARY ONLY]**

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

**D7.**During the Culminating Activities/Exam Schedule, what forms of assessments did you find most beneficial in your courses? (select all that apply) **[SECONDARY ONLY]**

- Conversations
- Credit salvaging
- Demonstrations
- Essays
- Performances
- Portfolios
- Presentations
- Projects (e.g., video, slide presentation, visual/poster)

**For Reference Only – DO NOT FILL OUT**

- Reflections
- Resubmissions
- Tests
- Virtual or Face-to-Face conferences
- Other (specify): \_\_\_\_\_

**D8.**Based on your experiences this year, would you support culminating activity days in future school years?

- Yes, I'd rather have culminating activity days and no formal exams
- No, I'd rather have instructional days
- No, I'd rather have exams
- I have no preference between exams or culminating activities
- Not Sure

*Part E is found only in the Family Survey. There is no Part E for the Student Survey.*

**Part F: Well-Being and Mental Health**

**F1.**In general, during this school year, how often did you feel:

	All the time	Often	Sometimes	Rarely	Never	Not sure
<b>a)</b> Happy						
<b>b)</b> Nervous or anxious						
<b>c)</b> Positive about the future						
<b>d)</b> Lonely						
<b>e)</b> Good about yourself						
<b>f)</b> Sad or depressed						
<b>g)</b> Like you matter to people at school						
<b>h)</b> Socially isolated						
<b>i)</b> Angry						
<b>j)</b> Like you have no friends						
<b>k)</b> Like you no longer take pleasure or joy from things that once made you happy						
<b>l)</b> Hopeless						
<b>m)</b> Under a lot of stress or pressure						
<b>n)</b> Confident						
<b>o)</b> Like you have a say in important decisions at school that affect your life						
<b>p)</b> Overwhelmed						

**F2.**Think about your experiences this school year when responding to the following:

**For Reference Only – DO NOT FILL OUT**

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

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

- Strongly agree
- Agree
- Disagree
- Strongly agree
- Not sure
- Not applicable (i.e., I 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

**F5.** If you were concerned about your mental health, who would you 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): \_\_\_\_\_

**F6.** If you had a concern about your mental health and spoke to an adult at school, do you feel they helped you?

- Yes, speaking with an adult at school helped me.
- No, speaking with an adult at school did not help me.
- Not sure
- I did not speak to an adult at school about it.

**For Reference Only – DO NOT FILL OUT**

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

- I did not have a mental health concern
- I had supports and strategies through my family
- I had supports and strategies through my school
- I preferred to handle the problem myself
- I did not think an adult at school would be able to help
- I did not know who to approach at school
- I did not know how to ask for help
- I was worried other people would find out
- I was worried I would be judged for feeling that way
- I felt people would think I was just looking for attention
- I felt it was a sign of weakness
- Other (specify): \_\_\_\_\_

This survey and the responses provided will not be monitored. Should you 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 experiences this school year when responding to the following:

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
<b>a)</b> Adults at this school reflect my social identities (e.g., race, gender, culture, disabilities).					
<b>b)</b> Adults at this school have high expectations of me.					
<b>c)</b> Students' ideas are used to improve this school.					
<b>d)</b> At this school, students have chances to be leaders.					
<b>e)</b> I feel accepted for who I am by students at this school.					
<b>f)</b> I feel accepted for who I are by adults at this school.					
<b>g)</b> It is easy for me to make new friends at this school.					

**For Reference Only – DO NOT FILL OUT**

## 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.** I feel safe at this school.

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

**H2.** How often do you feel safe?

	All the time	Often	Sometimes	Rarely	Never	Not sure
<b>a)</b> On your way to and from school.						
<b>b)</b> In the school entrances, hallways and stairwells.						
<b>c)</b> In classrooms						
<b>d)</b> In the library						
<b>e)</b> In the change room or locker rooms						
<b>f)</b> In the gym						
<b>g)</b> In the eating areas/ cafeteria						
<b>h)</b> In the school yard/ on the school grounds						
<b>i)</b> In the washrooms						
<b>j)</b> In the portables						
<b>k)</b> On school buses/ taxis						
<b>l)</b> In online learning platforms						

**m)** Other places (specify): \_\_\_\_\_

**H3.** Do you feel welcome at your school?

- All the time
- Often
- Sometimes
- Rarely
- Never
- 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.

**For Reference Only – DO NOT FILL OUT**

**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.

**H4.** Since the start of this school year, how often have you experienced:

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

**H5.** I know how to report if bullying, cyberbullying, racism, discrimination happens at my school.

- Yes
- No
- Not sure

**H6.** I am satisfied with the steps this school has taken to:

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

**H7.** There is an adult at this school I would feel comfortable speaking to:

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

**H8.** 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 experiences this school year when responding to the following:



**For Reference Only – DO NOT FILL OUT**

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) I feel like I belong at this school.					
b) I am treated with respect at this school.					
c) There is an adult at my school who expects me to do well.					
d) At this school, students respect each everyone’s differences.					

**12.**At my school, my 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 materials in this school positively reflect the diversity of the students in this school.

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

**14.**When learning at school, I see my 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.

**For Reference Only – DO NOT FILL OUT**

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

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

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

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

**17.** I see the following social identities reflected positively at my school (select all that apply):

- My gender identity
- My gender expression
- My racial background
- My ethnic or cultural origin
- My Indigenous background (e.g., First Nations, Métis, Inuit)
- My first language, dialect or accent
- My religion or faith
- The way I look (e.g., weight, body shape, clothes)
- My sexual orientation
- My special education needs (e.g., learning disability, autism, behaviour, giftedness)
- My physical disability
- Social identities not listed above (specify): \_\_\_\_\_

**18.** In your school, how often have you learned about the experiences and/or achievements of:

	All the time	Often	Sometimes	Rarely	Never	Not sure	I do not understand this question
<b>a)</b> Women and girls							

**For Reference Only – DO NOT FILL OUT**

	All the time	Often	Sometimes	Rarely	Never	Not sure	I do not understand this question
<b>b)</b> Indigenous peoples of Canada							
<b>c)</b> Diverse ethnic, cultural or racial groups							
<b>d)</b> Diverse religious/faith communities							
<b>e)</b> People with disabilities							
<b>f)</b> People who identify as two-spirit or of diverse sexual orientations							
<b>g)</b> People who identify as two-spirit or of diverse gender identities							
<b>h)</b> People with differing income levels							

**19.**

**a)** Are there barriers that get in the way of your learning and well-being at school?

- Yes
- No
- Not sure

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

	All the time	Often	Sometimes	Rarely	Never	Not sure	I do not understand this question
<b>a)</b> Anti-Indigenous racism							
<b>b)</b> Ableism (special education needs or disability)							
<b>c)</b> Anti-Arab racism							
<b>d)</b> Anti-Asian racism							
<b>e)</b> Anti-Black racism							
<b>f)</b> Anti-Sikh racism							

**For Reference Only – DO NOT FILL OUT**

	All the time	Often	Sometimes	Rarely	Never	Not sure	I do not understand this question
<b>g)</b> Antisemitism (anti-Jewish racism)							
<b>h)</b> Homophobia, biphobia, heterosexism							
<b>i)</b> Islamophobia (anti-Muslim racism)							
<b>j)</b> Language, Dialect Discrimination, my first languages							
<b>k)</b> My grades or marks							
<b>l)</b> My hobbies, activities and/or interests							
<b>m)</b> Newcomer Status, Citizenship Discrimination							
<b>n)</b> Sexism							
<b>o)</b> Sizeism							
<b>p)</b> The way I dress							
<b>q)</b> The way I look							
<b>r)</b> Transphobia, Cissexism							

**s)** Another reason (specify): \_\_\_\_\_

**I10.** I understand how systemic racism occurs in education.

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

**I11.** Think about your experiences this school year when responding to the following:

**For Reference Only – DO NOT FILL OUT**

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	I do not understand this question
<b>a)</b> This school is actively working to create Black-affirming learning environments.						
<b>b)</b> The instruction I receive is culturally relevant to my identity.						
<b>c)</b> YRDSB is actively working to address and dismantle systemic barriers.						
<b>d)</b> YRDSB is actively working to build trusting relationships with students.						
<b>e)</b> YRDSB is committed to equity and dismantling anti-Black racism.						