

Student Census G4-12 2020-2021

Welcome and Assent

Welcome!

At the Dufferin-Peel Catholic District School Board (DPCDSB), we are committed to ensuring that all students feel successful and included in all aspects of school life. DPCDSB seeks to uphold the human dignity of all, as we are created in the image and likeness of God. In particular, "The equality of men rests essentially on their dignity as persons and the rights that flow from it: Every form of social or cultural discrimination in fundamental personal rights on the grounds of sex, race, color, social conditions, language, or religion must be curbed and eradicated as incompatible with God's design."

Further to our efforts to ensure equity, inclusivity, and respect, we are asking all students in Grades 4 to 12 to complete the DPCDSB Student Census. Findings from this census will help the DPCDSB understand more about student identities (for example, race, gender, language, and religion) and how these identities relate to student success, achievement, attendance, discipline, and attitudes. Ontario's *Anti-Racism Act of 2017* requires the collection and analysis of data about these identities from all public services (for example, education, health, child services) to identify and address systemic discrimination and racism. This information will help DPCDSB identify and combat racism and discrimination in its schools.

Important points to note before starting the Student Census:

- The DPCDSB Student Census is **not anonymous**. **Your student number will be collected**. Collecting your student number is necessary to be able to link achievement, attendance, and discipline data with identity and attitudes information. Once linked, this information will help adults understand where they need to work harder to stop racism and discrimination.
 - Your **participation is voluntary**, and your decision to participate **will not in any way affect your marks, status, or how you are treated by adults at school or in DPCDSB**.
 - You **can stop participating** if you change your mind.
 - You **can skip questions** if you don't feel comfortable answering them.
 - All responses will be kept **private and confidential**, and any report of findings will only use data about groups of students, not individual students.
 - Participation in the Student Census is separate from the collection of Indigenous self-identification data.
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Do you agree to participate in the DPCDSB Student Census?

Yes

No

Identity Items

What grade are you in this year?

Grade 4

Grade 5

Grade 6

Grade 7

Grade 8

Grade 9

Grade 10

Grade 11

Grade 12+

What is the first language(s) or dialect(s) you learned to speak as a child? Select all that apply.

American Sign Language

Albanian

Arabic

Aramaic

Assyrian

Bengali

Cantonese

Chinese language (specify): _____

Croatian

Dari

Dutch

English

Farsi

Filipino language (specify): _____

French

German

Greek

Gujarati

Hebrew

Hindi

Hungarian

- Igbo
- Indigenous language(s)
- Italian
- Korean
- Malayalam
- Mandarin
- Patois
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Serbian
- Sinhalese
- Somali
- Spanish
- Tagalog
- Tamil
- Twi
- Ukrainian
- Urdu

Vietnamese

Yoruba

Not sure

A language(s) not listed above (please specify):

Display This Question:

If What is the first language(s) or dialect(s) you learned to speak as a child? Select all that apply. = Indigenous language(s)*

Please identify the Indigenous language(s) you first learned to speak as a child.

Cree languages (e.g., Moose, Plains, Woods)

Ojibway

Innu/Montagnais

Oji-Cree

Mi'kmaq

Blackfoot

Inuktitut

Mohawk

Cayuga

Oneida

Onondaga

An Indigenous language not listed above (please specify):

Not sure

Do you identify as First Nations, Métis, and/or Inuit? If yes, select all that apply:

No

Yes, First Nations

Yes, Métis

Yes, Inuit

Yes, another Indigenous identity (please specify):

Do you consider yourself to be Canadian?

Yes

No

Not sure

What is(are) your ethnic or cultural origin(s)? For example, Anishnaabek, Canadian, Chinese, Colombian, Cree, Dutch, East Indian, English, French, Filipino, German, Guyanese, Haudenosaunee, Inuit, Iranian, Irish, Italian, Jamaican, Jewish, Korean, Lebanese, Métis, Mi'kmaq, Ojibwe, Pakistani, Polish, Portuguese, Scottish, Somali, Sri Lankan, Ukrainian, etc. Please use the spaces below to describe your background.

You can enter one ethnicity in each space. We've given you six spaces so feel free to use as few or as many as you need.

As a Catholic community, we believe that all people are members of one human race. However, the Catholic Church recognizes that "any theory or form whatsoever of racism and racial discrimination is morally unacceptable."

In our society, people are often described by their race or racial background. For example, some people are considered "Black" or "White" or "East Asian". Which racial group(s) best describe(s) you?

Select all that apply.

- Black (African, African-Caribbean, African-Canadian descent)
- East Asian (Chinese, Japanese, Korean, Taiwanese descent)
- Indigenous (First Nation, Métis, Inuit descent)
- Latino/Latina/Latinx (Latin American, Hispanic descent)
- Middle Eastern (Arab, Persian, West Asian descent, for example: Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- South Asian (South Asian descent, for example: East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White (European descent)
- A race or racial background not listed above (please specify):



What is your religion and/or spiritual affiliation? Select all that apply.

Agnostic

Atheist

Buddhist

Catholic

Christian (but **not Catholic**; for example, Anglican, Greek Orthodox, Ukrainian Orthodox, Mennonite, United, Protestant, Baptist)

Hindu

Jewish

Muslim

Sikh

Spiritual, but not religious

No religious or spiritual affiliation

Religion(s) and/or spiritual affiliation(s) not listed above (please specify):

Not sure

I do not understand this question

The next item will ask you about how you identify your gender. As a Catholic system, DPCDSB recognizes that each person is uniquely created by God and deserving of dignity, and that any label erodes that dignity and uniqueness.

You can click on your choice below or type your response in the open box.

How do you identify your gender?

- Boy or Man
- Girl or Woman
- I would like to type my answer: _____

Consistent with timing of the following concept in The Ontario Curriculum Grades 1-8: Health and Physical Education (2019),

Display This Question:

- If What grade are you in this year? = Grade 8*
- Or What grade are you in this year? = Grade 9*
- Or What grade are you in this year? = Grade 10*
- Or What grade are you in this year? = Grade 11*
- Or What grade are you in this year? = Grade 12+*

The next item asks about your sexual orientation. Please read the background information below, before you answer the question. You can ask your teacher to help you understand the information, if needed.

As a Catholic educational institution, DPCDSB acknowledges and respects the Church's position on sexual orientation. Sexual orientation is one of the protected grounds of the Ontario Human Rights Code, meaning it is against the law to discriminate against or harass someone on the basis of their sexual orientation. DPCDSB recognizes that each individual's human dignity must be respected and protected in this regard. In order to help us understand the lived experiences of all students, and in accordance with Ministry of Education directives, DPCDSB asks the question below.

What is your sexual orientation? Select all that apply:

Straight / heterosexual

Lesbian

Gay

Bisexual

Two-Spirit

Queer

Questioning

Asexual

Pansexual

A sexual orientation(s) not listed above (please specify):

Not sure

I do not understand this question

I prefer not to answer

Some people identify as having a disability because of a permanent or long-term health condition that makes it difficult for them to function in an environment that is not fully inclusive and accessible. A person's disability may be diagnosed or not diagnosed. It may be hidden or visible. Some students who have disabilities may have a special plan at school to help them (an Individual Education Plan or IEP), but some do not.

Do you consider yourself to be a person with a disability?

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

Display This Question:

If Some people identify as having a disability because of a permanent or long-term health condition... = Yes
Or Some people identify as having a disability because of a permanent or long-term health condition... = Not sure

Which of the following disabilities do you have? Select all that apply.

- Addiction(s)
- Autism Spectrum Disorder
- Blind or low vision
- Deaf or hard of hearing
- Developmental disability(ies)
- Learning disability(ies)
- Mental health disability(ies)
- Mobility
- Chronic pain
- Physical disability(ies)
- Speech impairment
- Any disability(ies) not listed above (please specify):

Were you born in Canada?

- Yes
- No

Display This Question:

If Were you born in Canada? = No

Are you currently:

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

Display This Question:

If Were you born in Canada? = No

How long have you been in Canada?

- Two years or less
- 3 to 5 years
- 6 to 10 years
- 11 years or more

Attitudinal Items

Please indicate how much you agree or disagree with the following statements.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I feel accepted by other students at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school is a friendly place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is an adult at my school who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School rules are fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted for who I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make friends easily at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults at school believe all students can be successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is an adult at school who I feel comfortable talking to about things that are bothering me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students help each other, even if they are not friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I help decide things like class activities and/or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School is a place where I feel like I belong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults in my school help students feel safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the type(s) of extra-curricular activities, teams, or clubs you are or were involved in at school. Check all that apply.

- School faith based groups (for example, Chaplaincy Team, Youth Faith Ambassadors, Salesian leadership, etc.)
- School clubs or committees (for example, math club, student council, yearbook committee, etc.)
- School sports, other than in gym class (for example, cricket, basketball, badminton, soccer, gymnastics, etc.)
- School performance groups (for example, choir, band, drum line, drama, etc.)
- Social justice groups or charity work (for example, volunteering, fundraising, etc.)

In your school, how often do you learn about the **historical** accomplishments and/or experiences of each of the following?

	Never	Sometimes	About half the time	Most of the time	Always
Women and girls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigenous people (First Nations, Métis, Inuit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse ethnocultural or racial communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse religious and/or faith communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who identify as belonging to the LGBT community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who have experienced poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with differing abilities (physical, learning differences, autism, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your school, how often do you learn about the **present or recent** accomplishments and/or experiences of each of the following?

	Never	Sometimes	About half the time	Most of the time	Always
Women and girls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigenous people (First Nations, Métis, Inuit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse ethnocultural or racial communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse religious and/or faith communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who identify as belonging to the LGBT community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who have experienced poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with differing abilities (physical, learning differences, autism, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

At your school, do you feel your identity (for example, culture, race, gender, religion, etc.) is reflected **positively** in:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Pictures or posters in the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays of student work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials used in class (for example, books or videos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussions and presentations about topics studied in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School publications (for example, yearbooks, newspapers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special events and celebrations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guest speakers and/or conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course offerings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If At your school, do you feel your identity (for example, culture, race, gender, religion, etc.) is... [Strongly disagree] (Count) = 1

Or At your school, do you feel your identity (for example, culture, race, gender, religion, etc.) is... [Somewhat disagree] (Count) = 1

You indicated that you feel your identity is somehow not reflected positively at your school. Which of the following do you feel is not being reflected well at your school? Check all that apply.

- Your gender identity
- Your ethnocultural or racial background
- Your Indigenous background (First Nations, Métis, Inuit)
- Your beliefs, faith, or religion
- Your abilities (for example, physical, mental, or developmental)

Display This Choice:

- If What grade are you in this year? = Grade 8*
- Or What grade are you in this year? = Grade 9*
- Or What grade are you in this year? = Grade 10*
- Or What grade are you in this year? = Grade 11*
- Or What grade are you in this year? = Grade 12+*

- Your sexual orientation
- Other (please specify) _____

The next question asks you about your experience of being excluded or not accepted at school.

Remember, **if you have been excluded, tell a trusted adult or a friend** and talk it out or get help if needed.

During this school year, how often have you felt that you were excluded (not accepted) at school because of any of the following reasons?

	Almost every day	Once or twice this week	Once or twice this month	Once or twice this school year	Never
Your ethnocultural or racial background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Indigenous background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your physical abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your learning abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your beliefs, faith, or religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The gender with which you identify.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your interests or hobbies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your grades or marks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much money your family has.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Display This Choice:</i></p> <p><i>If What grade are you in this year? = Grade 8</i></p> <p><i>Or What grade are you in this year? = Grade 9</i></p> <p><i>Or What grade are you in this year? = Grade 10</i></p> <p><i>Or What grade are you in this year? = Grade 11</i></p> <p><i>Or What grade are you in this year? = Grade 12+</i></p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your sexual orientation.					

	Almost every day	Once or twice this week	Once or twice this month	Once or twice this school year	Never
I'm not sure why, but I get excluded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next question asks you about your experience of bullying.

Remember, **if you have been bullied, tell a trusted adult or make a report to the DPCDSB [online reporting tool](#).**

At your school, how often have you:

	All the time	Often	Sometimes	Rarely	Never
Worried about being bullied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been physically bullied (e.g., hit, kicked, punched)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been socially 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"/>
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"/>
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"/>
Had your things stolen or damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

The next question asks you about your general feelings about well-being.

Remember, **if you are having a hard time, tell a trusted adult or friend** to get help.

How often do you feel:

	Never	Rarely	Sometimes	Often	All the time
Good about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You like the way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tired for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under a lot of stress or pressure (for example, stressed out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank You Messages

Display This Question:

If What grade are you in this year? = Grade 7

Or What grade are you in this year? = Grade 8

Or What grade are you in this year? = Grade 9

Or What grade are you in this year? = Grade 10

Or What grade are you in this year? = Grade 11

Or What grade are you in this year? = Grade 12+

Thank you for taking the time to complete the DPCDSB Student Census.

Your answers will allow DPCDSB to serve students better in the future. By collecting identity-based data, we can identify and address systemic barriers that may exist and make informed and meaningful decisions that support the achievement and well-being of all students.

Thank you for participating in today's student census.

Display This Question:

If What grade are you in this year? = Grade 4

Or What grade are you in this year? = Grade 5

Or What grade are you in this year? = Grade 6

Thank you for taking the time to complete the DPCDSB Student Census.

Your answers will allow DPCDSB to serve students better in the future. This information will help make decisions that support the achievement and well-being of all students.

Thank you for participating in today's student census.

End of Census
