



See Me in ALCDSB Survey Preview

The following survey questions are from the Grade 9 to 12 version of the See Me in ALCDSB survey. The Grade 4 to 8 survey includes the same questions, but addressed to the parent/guardian, not the student themselves. The Kindergarten to Grade 3 version is also addressed to the parent/guardian and does not include the questions about gender, personal pronouns and sexual orientation.

If you have any questions about the survey or its purpose, please email our team at info@alcdsb.on.ca.

Thank you for your interest in the survey and for reviewing these questions in advance. We hope you'll participate from in the survey from May 9 to 20, 2022.

Thank you for your interest in the See Me in ALCDSB Student Census. Your voice is important to us as we work together as a Catholic School community to better understand our students and families.

Our system priorities are outlined in the Multi-Year Strategic Plan: Faith, Equity & Well-Being, Achievement & Innovation, and Resource Management. The data from this survey will assist us in serving our learning communities, students and families to support alignment of these system priorities, while supporting a way to measure the work that is being done in our schools.

This survey will take approximately 15 minutes to complete. Please note that completing this survey is voluntary. You may choose not to participate. You can also skip any question.

The survey asks questions about identity, including language, gender, sexual orientation, race, ethnicity and more. It also includes questions about school experience.

Your responses to the survey are confidential. School and board staff won't access individual student information shared on the survey. Data will only be reviewed from a population level – for example, the entire school population, a region of our school board, or the school board as a whole.

While the survey is confidential, it's not anonymous. Each survey contains a unique identifier that will allow research staff to link survey responses to other data we already collect under the Education Act.

Would you like to take this survey?

- Yes
- No

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

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Shona |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Indigenous Languages | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Italian | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Korean | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> English | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Twi |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Polish | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> German | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Romanian | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> Not sure | <input type="checkbox"/> A language not listed here | |
| | <input type="checkbox"/> | |

You selected "Indigenous Languages" as a response for the last question. Which Indigenous language(s) did you learn to speak as a child? Select all that apply.

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Anicinàbemowin | <input type="checkbox"/> Innu-aimun | <input type="checkbox"/> Oneida |
| <input type="checkbox"/> Anishnaabemowin | <input type="checkbox"/> Inuktut | <input type="checkbox"/> Onondaga |
| <input type="checkbox"/> Anishinàbemiwin | <input type="checkbox"/> Michif | <input type="checkbox"/> Seneca |
| <input type="checkbox"/> Cayuga | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Tuscarora |
| <input type="checkbox"/> Cree | <input type="checkbox"/> An Indigenous language not listed here (please specify): | |
| <input type="checkbox"/> | <input type="checkbox"/> | |

I would like to see a *<selected Indigenous language from the previous question>* language course offered in secondary school.

- Yes
- No

Do you identify as Indigenous to Canada?

- Yes
- No

You have identified as Indigenous to Canada. With which nation(s) do you identify? Select all that apply.

- | | |
|-----------------------------------|--|
| <input type="radio"/> Algonquin | <input type="radio"/> Ojibway |
| <input type="radio"/> Cayuga | <input type="radio"/> Oji-Cree |
| <input type="radio"/> Cree | <input type="radio"/> Odawa |
| <input type="radio"/> Delaware | <input type="radio"/> Oneida |
| <input type="radio"/> Innu | <input type="radio"/> Onondaga |
| <input type="radio"/> Inuit | <input type="radio"/> Pottowatomi |
| <input type="radio"/> Métis | <input type="radio"/> Seneca |
| <input type="radio"/> Mississauga | <input type="radio"/> Tuscarora |
| <input type="radio"/> Mohawk | <input type="radio"/> An Indigenous nation not listed here (please specify): |
| <input type="radio"/> | <input type="text"/> |

You selected Cree. Do you identify as any of the following? Select all that apply.

- Western/Plains Cree
- Northern/Woodlands Cree
- Central/Swampy Cree
- Moose Cree
- Eastern Cree.



Do you consider yourself a Canadian?

- Yes
- No
- Not sure

People often associate their identities with particular countries or territories. For example, they might feel a sense of belonging to the country(ies) that their parents, grandparents, or other ancestors came from. This is what is known as ethnic or cultural origin.

Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic and/or religious characteristics.

What is your ethnic or cultural origin(s)? Select all that apply.

- | | | | |
|---|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Australian | <input type="checkbox"/> Finnish | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Pottowatomi |
| <input type="checkbox"/> Austrian | <input type="checkbox"/> French | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Belgian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Métis | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> German | <input type="checkbox"/> Mexican | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Cayuga | <input type="checkbox"/> Greek | <input type="checkbox"/> Mi'kmaq | <input type="checkbox"/> Seneca |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Slovak |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Mohawk | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Icelandic | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Inuit | <input type="checkbox"/> Odawa | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Iranian | <input type="checkbox"/> Ojibway | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Irish | <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Swiss |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Italian | <input type="checkbox"/> Oneida | <input type="checkbox"/> Tuscarora |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Onondaga | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Jewish | <input type="checkbox"/> Polish | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> English | <input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> An ethnic or cultural origin not listed here | | | |

For the purpose of this question, "race" is defined as the way the others might categorize a person as belonging to a certain group based on how they see them. For example, people often use skin colour to assume a person belongs to a specific racial group. These assumptions and biases about race are often imposed on people in ways that can affect their life circumstances and how they are treated.

In our society, people are often described by their race or racial background. For example, some people are considered "Black," "East Asian," "Middle Eastern" or "White."

Which racial category best describes you? Select all that apply.

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

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

- Agnostic
- Athiest
- Buddhist
- Christian - Catholic
- Christian - non-Catholic
- Hindu
- Indigenous Spirituality
- Jewish
- Muslim
- Sikh
- Spiritual, but not religious
- No religious or spiritual affiliation
- Religion(s) or spiritual affiliation(s) not listed above (please specify):
- Not sure
- I do not understand this question

The questions on this page do not appear on the Kindergarten to Grade 3 version of the survey.

Gender identity refers to a person's internal sense or feeling of being a woman, a man, both, neither or anywhere on the gender spectrum, which may or may not be the same as the person's sex assigned at birth (e.g. male, female, intersex). It is different from and does not determine a person's sexual orientation.

How do you describe your gender?

- Female
- Male
- I prefer not to say
- I describe my gender in another way (please specify)

What are your preferred pronouns?

Sexual orientation refers to a person's sense of sexual attraction to people of the same or different sex.

What is your sexual orientation?

According to the Ontario Human Rights Code, the term *disability* "covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol dependencies, environmental sensitivities, and other conditions."

Do you consider yourself to be a person with a disability(ies)? (Select one answer only).

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

Select all that apply.

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

Were you born in Canada?

- Yes
- No

Are you currently:

- A Canadian citizen
- An international student (enrolled through a study permit)
- A landed immigrant/permanent resident
- A refugee claimant
- In Canada on a visa permit
- Not sure
- I do not understand this question

The next set of questions ask about your primary caregivers. A caregiver is a person who takes care of you. Caregivers can be your parents, grandparents, foster parents or guardians.

How many primary caregivers do you have?

- 1
- 2
- 3
- 4
- None. I live on my own.

Consider your *<first, second, third, fourth>* caregiver. Please select the relationship of this person to you.

Please check the highest level of education this person completed.

What is this person's employment status?

Please indicate which of the following activities you currently participate in and those you would like to participate in. Select all that apply.

	I currently participate in these activities at school.	I currently participate in these activities outside of school.	I would like to participate in these activities, but am unable to do so.
Arts (e.g., visual arts, drama, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music (e.g., band, choir)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School clubs (e.g., chess, environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School publications (e.g., yearbook, newspaper, website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School special events (e.g., dances, concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team sports (e.g., track and field, basketball, soccer, hockey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student council activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth programs, clubs, or organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At my school, I see myself/my identity reflected positively in:

	Never	Rarely	Sometimes	Often	Consistently
Pictures or posters in the school.	<input type="radio"/>				
Displays of student work.	<input type="radio"/>				
Materials educators use in class (e.g., books, videos).	<input type="radio"/>				
Topics we study in class.	<input type="radio"/>				
Extra-curricular activities (e.g., sports, arts, activities, clubs).	<input type="radio"/>				
Special events and celebrations.	<input type="radio"/>				
School publications (e.g., yearbooks, newspapers, websites).	<input type="radio"/>				

How do you feel about your school?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My school is a friendly and welcoming place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I belong in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along well with other students in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted by other students in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted by the adults in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers care about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School rules are applied to me in a fair way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my school, I get the help I need to do well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate your level of agreement with each of the following statements regarding your sense of safety at school.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I feel safe in the classroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in the other parts of the school (e.g., gym, washroom, hallways, common areas).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe outside on school property.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in the neighbourhood close to my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe on the school bus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe on my way to and from school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else about your lived experience at school that you think we should know?