



TCDSB Grade 9 Student Census, *we Belong, we Believe, we Become*

Default Question Block

Welcome Grade 9 students!

At the Toronto Catholic District School Board we are always trying to make improvements and create a welcoming environment for our students to succeed. As part of this, we are looking for more information to understand the backgrounds and lived experiences of all of our students to provide better learning opportunities for all of you. The purpose of this survey is to give you an opportunity to tell us more about yourself, so that we can create more welcoming and inclusive schools; schools that are welcoming of all identities, including cultures, religions, races, genders, and abilities.

The survey should take less than 20 minutes to complete. For each question, choose the answer that best describes you and how you feel. Any information you provide is voluntary; you can choose not to participate in the survey or only answer some of the questions. You can also stop participating at any time, if you change your mind. Please do NOT put your name, or anyone else's name, on this survey. Your responses will not be identified by your name and will be kept private. It is your chance to tell us about yourself so that we can better meet the needs of all students.

The information that you provide will be linked to other data available at the Board to improve planning for your learning. We are interested in the experiences of all students, as a group. We will summarize the responses to inform how we can provide a more equitable and inclusive learning environment.

Your voice matters. Thank you for taking the time to share your information with us!

Feel free to skip any question(s) you don't feel comfortable answering.

Do you agree to participate in the TCDSB Student Census?

- Yes
 No

Block 1

If there is a question that you don't understand, please ask your teacher to explain.

If you need someone to talk to, remember there are always supports to help you:

- Caring adults (besides parents/guardians, caring adults are teachers and other school staff)
- The *Kids Help Phone* is somewhere else you can turn to for help (Call: 1-800-668-6868; Text: CONNECT to 686868; Website: www.kidshelpphone.ca)

School Name:

A. Indigenous Identity

2. Do you identify as First Nation, Métis, and/or Inuit? (If yes, *choose all that apply*)

- No
 Yes, First Nations
 Yes, Métis
 Yes, Inuit

B. Ethnic Origin

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

3. Do you consider yourself a Canadian?

- Yes
- No
- Not sure

4. What is your ethnic or cultural origin(s)? *(Choose all that apply)*

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Anishnaabe | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Jamaican |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Lebanese |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Mi'kmaq |
| <input type="checkbox"/> English | <input type="checkbox"/> Nigerian |
| <input type="checkbox"/> Eritrean | <input type="checkbox"/> Ojibwe |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> German | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Guyanese | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Haudenosaunee | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> | <input type="checkbox"/> |

- Iranian
- Iraqi
- Irish
- Venezuelan
- Vietnamese

Other ethnic or cultural background not listed above (*please specify*)

C. Race

People are often described as belonging to a certain "race" based on how others see and behave toward them. They are often based on physical features such as skin colour. Race is often confused with ethnicity; there can often be several ethnicities within a racialized group.

5. *In our society, people are often described by their race or racial background. Which racial group(s) best describes you? (Choose 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, etc.)
- South Asian (South Asian descent, e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- Southeast Asian (Filipino/Filipina/Filipinx, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White (European descent)
- A racial group(s) not listed above (*please specify*)

D. Religion or Spiritual Affiliation

People can be treated differently based on their religion, or perceived religion, which can lead to negative impacts and unequal outcomes. Islamophobia and antisemitism are examples of the way religion can be racialized. People can experience racism not only based on skin colour but also other perceived characteristics that are associated with religion.

6. What is your religion and/or spiritual affiliation? *(Choose all that apply):*

- | | |
|---|--|
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Eastern Rite Catholic | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Other forms of Catholicism | <input type="checkbox"/> Spiritual, but not religious |
| <input type="checkbox"/> Christian - non-Catholic | <input type="checkbox"/> No religious or spiritual affiliation |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Atheist |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Agnostic |
| <input type="checkbox"/> Indigenous Spirituality | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> I do not understand this question |

Religion(s) or spiritual affiliation(s) not listed above *(please specify)*

E. Language(s) First Spoken

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

- | | |
|---|---------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> German |
| <input type="checkbox"/> Cayuga | <input type="checkbox"/> Greek |

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cree | <input type="checkbox"/> Gujarati |
| <input type="checkbox"/> Inuktitut | <input type="checkbox"/> Hebrew |
| <input type="checkbox"/> Michif | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> Mohawk | <input type="checkbox"/> Ilocano |
| <input type="checkbox"/> Odawa | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Ojibwe | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Malayalam |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Onondaga | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Potawatomi | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Seneca | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Tuscarora | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Assyrian | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Tigrigna |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Twi |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> French | <input type="checkbox"/> Not sure |

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

F. Gender Identity

Gender identity refers to a person's sense of self, with respect to being male or female, 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.

8. What is your gender identity? (*Choose all that apply*)

- Girl/woman
- Boy/man
- Trans boy or man
- Trans girl or woman
- Two-Spirit
- Not sure
- I do not understand this question
- I prefer not to answer this question
- Gender identity(ies) not listed above: (*please specify*)

G. Sexual Orientation

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

9. What is your sexual orientation? (*Choose all that apply*)

- Straight/heterosexual
- Lesbian
- Gay
- Bisexual

- Two-Spirit
- Queer
- Not sure
- I do not understand this question
- I prefer not to answer
- A sexual orientation(s) not listed above (*please specify*):

H. Disability

A disability may be physical, mental, behavioural, or a combination. Barriers can contribute to an environment that is not fully inclusive for people who identify as having a disability. Barriers can include physical settings (e.g., stairs) attitudes, or access to information.

A person's disability may or may not be diagnosed; it may be visible or hidden.

10. Do you consider yourself to be a person with a disability(ies)?

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

10. b) If yes, please specify further (*Choose all that apply*):

- Addiction(s)
- ADHD
- Autism Spectrum Disorder
- Blind or low vision

- Chronic pain
- Deaf or hard of hearing
- Developmental disability(ies)
- Learning disability(ies)
- Mental health disability(ies)
- Mobility
- Physical disability(ies)
- Speech impairment
- Any disability(ies) not listed above (*please specify*):

I. Status in Canada

11. Were you born in Canada?

- Yes
- No

11. b) If no, are you currently:

- A Canadian citizen
- An international student (enrolled through a study permit)
- A landed immigrant/permanent resident
- A newcomer
- Not sure
- I do not understand this question

Other (*please specify*):

12. Were your parents born in Canada?

- Both parents were born in Canada
- One parent was born in Canada
- Neither parent was born in Canada
- Don't know

J. Socioeconomic Status

13. a) Tell us about your parent/guardian that you currently live with most of the time. What is your relation to this person?

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Other relative
- Guardian
- Foster parent
- Friend
- I am living on my own
- Person not listed above

b) What is the highest level of education this person completed?

- Did not complete any formal education

- Elementary school
- High school
- Apprenticeship
- College
- University
- Not sure

c) If you have a second parent/guardian that you currently live with most of the time; what is your relation to this person?

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Other relative
- Guardian
- Foster parent
- Friend
- Person not listed above
- N/A

d) What is the highest level of education this person completed?

- Did not complete any formal education
- Elementary school
- High school
- Apprenticeship
- College
- University
- Not sure

K. Learning Environment - Student Engagement

14. Please rate your level of agreement:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a) Adults in my school have high expectations for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) There is a strong belief in my school that all students can learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Student groups that make up our school population can see themselves reflected in the culture and curriculum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Black, Indigenous and People of Colour (BIPOC), and other marginalized people are reflected in the school culture and curriculum.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I feel accepted for who I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Adults at school believe all students can be successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) School is a place where I feel like I belong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. a) When learning at my school, either online or in person, I see myself/my identity reflected positively in...

	Often	Sometimes	Rarely	Never
Displays of student work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Often	Sometimes	Rarely	Never
Materials used in class (e.g., books, videos, etc.)	<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"/>
School publications (e.g., yearbooks, newspapers, etc.)	<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"/>
Guest speakers and/or conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topics we study in class	<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"/>

b) When learning at my school, either online or in person, I see myself/my identity reflected positively in... *(If any of the options are not applicable for this year, please indicate N/A)*

	Often	Sometimes	Rarely	Never	N/A
Pictures or posters in the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extracurricular activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Block 2

16. Please tell us **how** you decided to choose your courses (including *types of courses* - e.g., applied, academic, locally developed, AP, etc.)? *(Choose all that apply)*

- I chose them on my own
- Pathways (I have a clear idea of what I want to do)
- Discussions with my parents(s)/guardian(s)

- Discussions with my siblings (brother/sister)
- Discussions with another family member
- Discussions with friend(s)
- Advice from staff in my elementary school (e.g., Grade 8 teacher(s), special education, other teachers, guidance counsellor, or other staff)
- Advice from staff in my secondary school (e.g., secondary school teachers, special education, guidance counsellor, or other staff)
- Other (*please specify*):

17. Please tell us **why** you decided to choose your courses (including *types of courses* - e.g., applied, academic, locally developed, AP, etc.)? (*Choose all that apply*)

- I enjoy the challenge
- It's easier
- I enjoy solving problems
- I like working hands on
- I like more practical courses
- My friends are in the course
- Other (*please specify*)

18. If you could change your *types of courses* (e.g., applied, academic, locally developed, AP, etc.), would you?

- Yes
- No
- Not sure

b) Why would you change?

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