



Count Us In!

2022-2023 Student Census

We want to know how you feel about school, so that we can support all students in having a positive school experience. Please answer the following questions honestly and to the best of your ability. Your answers will not be shared with others and will only be used to make our schools better for everyone. Thanks for helping out.

Tell us about yourself

Q1 **Do you identify as Six Nations, Mississaugas of the Credit, First Nations, Metis, and/or Inuit?**

(If yes, select all that apply).

- No**
- Yes, Six Nations**
- Yes, Mississaugas of the Credit**
- Yes, First Nations**
- Yes, Metis**
- Yes, Inuit**

Q2

Which race category best describes your child? *(Select all that apply.)*
In our society, people are often described by their race or racial background. For example, some people are considered “White” or “Black” or “East/Southeast Asian”, etc.

- Black** - (Examples: African, Afro-Caribbean, African-Canadian descent)
- East/Southeast Asian** - (Examples: Chinese, Korean, Japanese, Taiwanese; Filipino, Vietnamese, Cambodian, Thai, Indonesian descent)
- Indigenous** - (Examples: Haudenosaunee - Six Nations, Anishnaabe, Mississaugas of the Credit, Ojibwe, Odawa, Mississaugas, Nipissing, Algonquin, Metis, Inuit descent)
- Latino** - (Examples: Latin American, Hispanic descent)
- Middle Eastern** - (Examples: Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- South Asian** - (Examples: South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- White** - (Examples: European descent)

Another

Q3

What is your ethnic or cultural origin(s)?
Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, language, and/or religious characteristics.

Listed are the most common ethnic/cultural origins in Grand Erie according to the 2016 Census and is not intended to be a complete list. If you are not represented, please use “Another” response.
(Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Irish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Filipino | <input type="checkbox"/> East Indian |
| <input type="checkbox"/> Haudenosaunee | <input type="checkbox"/> Dutch | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Anishnaabe | <input type="checkbox"/> French | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Italian | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Metis | <input type="checkbox"/> Polish | <input type="checkbox"/> Egyptian |
| <input type="checkbox"/> Inuit | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> South African |
| <input type="checkbox"/> Mennonite | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Armenian |
| <input type="checkbox"/> English | <input type="checkbox"/> Belgian | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Welsh | |

Another:

Q4

What is your religion and/or spiritual affiliation?

(Select all that apply)

Buddhist

Christian

Hindu

Indigenous

Jewish

Muslim

Sikh

No Religion

Another:

Q5

Please specify:

First Nations

Inuit

Longhouse

Metis

Traditional Anishnaabe

Longhouse

Another:

Q6

How do you identify your sexual orientation? *A person's emotional, romantic and/or sexual attraction to another person(s)*
(Select all that apply)

- Asexual** *(No sexual attraction)*
- Bisexual** *(Attraction to both male and female identified people)*
- Gay** *(Attraction to same sex and/or gender)*
- Lesbian** *(Female identified person attracted to female-identified persons)*
- Pansexual** *(Attraction to people of diverse sexes and/or genders)*
- Questioning** *(Person who is unsure about their own sexual orientation)*
- Straight** *(Heterosexual)*
- I am not sure what this question is asking.**

Another:

Q7

How do you identify your gender? *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 sex assigned at birth.*
(Select all that apply)

- Male**
- Female**
- Transgender** *(Gender identity differs from birth-assigned sex)*
- Non-binary** *(Gender identity does not align with binary concepts of gender, i.e. male/female)*
- Questioning** *(person who is unsure about their gender identity)*
- Two Spirit** *(An Indigenous person whose gender identity, spiritual identity or sexual orientation includes masculine, feminine or non-binary spirits)*

Another:

Q8

Do you consider yourself to be a person with a disability?
Disability is a term that covers a broad range and degree of conditions, some visible and others not (e.g., physical, mental, and learning disabilities, hearing or vision disabilities; epilepsy, environmental sensitivities). A disability may be present from birth, may be caused by an accident, or may develop over time.
Select one answer only

- Yes
- No
- Not sure
- I don't understand the question

Q9

How would you describe your disability?
Select all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Addiction(s) |
| <input type="checkbox"/> Blind/Low Vision | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Mental Health Disability | <input type="checkbox"/> Speech Impairment |

Another:

Q10

Were you born in Canada?

Yes

No

Q11

Are you currently:

Haudenosaunee on reserve

Haudenosaunee off reserve

Anishnaabe on reserve

Anishnaabe off reserve

First Nations

Metis

Inuit

A Canadian citizen

An international student (enrolled through a study permit)

A landed immigrant/permanent resident

A refugee claimant

Not sure

I do not understand this question

Q12

How long have you been in Canada?

Less than 6 months

6 months to one year

1-2 Years

2-5 Years

More than 5 Years

Q13

What country were you born?

Q14

In your home do you have:

(Select all that apply)

- A room of your own
- A link to the Internet
- A subscription to a streaming service (e.g. Netflix, CraveTV)
- A guest room
- A musical instrument
- Air conditioning

Q15

How many of the following are in your home:

	None	One	Two	Three or More
Cell phones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Televisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computers/Tablets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rooms with a bath or shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16

How do you feel about your school?

	Strongly Disagree	Disagree	Neither Agree / Disagree	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 my 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 students in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted by other 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"/>

Q17

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

	Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Strongly Agree
Gender Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race, ethnicity and culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equity and Inclusivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18

At my school, I see people who look like me reflected positively in:

	Strongly Disagree	Disagree	Neither Agree / Disagree	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 teachers use in class (e.g., books and videos).	<input type="radio"/>	<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"/>	<input type="radio"/>
Extra-curricular activities (e.g., sports, arts activities, clubs)	<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"/>
School publications (e.g., yearbooks, newspapers, websites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19

What are the main reasons that make you late or absent from school?
(Select all that apply or "Never late or absent" if none apply)

- | | |
|---|---|
| <input type="checkbox"/> Don't like school/school is not important | <input type="checkbox"/> Need to work |
| <input type="checkbox"/> Anxious about school | <input type="checkbox"/> Public transit late or cancelled (e.g., bus, taxi) |
| <input type="checkbox"/> Extracurricular activities (e.g., sports, dance) | <input type="checkbox"/> School bus late or cancelled |
| <input type="checkbox"/> Family reasons (e.g., need to help out at home) | <input type="checkbox"/> School parking lot traffic |
| <input type="checkbox"/> Lack of support at home | <input type="checkbox"/> Sickness, illnesses, medical condition |
| <input type="checkbox"/> Family transportation late or not available (e.g., car trouble, parent sick or running late) | <input type="checkbox"/> Medical treatment, hospital stay or medical visits |
| <input type="checkbox"/> Fear of being bullied | <input type="checkbox"/> Too tired |
| <input type="checkbox"/> Not getting along with adults at school | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Not getting along with other students | <input type="checkbox"/> Leaving school to get food |
| | <input type="checkbox"/> Previous bad experience at school |
| | <input type="checkbox"/> Fear of COVID-19 |
| | <input type="checkbox"/> Never late or absent |

Another: