

YRDSB's Every Student Counts Survey 2018 (JK-Grade 6) - Confidential

Parent/Guardian of Student

York Region District School Board (YRDSB) is inviting all parents of students in Kindergarten to Grade 6 to complete this system-wide census entitled the *Every Student Counts Survey (ESCS)* with their child. *Parent includes a guardian or caregiver with the significant or primary responsibility for the child.*

The purpose of the survey is to better understand our students and their experiences in school and outside of school. The overall findings will be used to help improve our schools and to:

- Identify and eliminate systemic barriers to student success;
- Create more equitable and inclusive school environments; and,
- Improve student achievement and well-being.

To determine how to allocate resources to schools, the census data will be linked by YRDSB to student achievement data through the use of a unique code on each survey. To ensure that your survey responses are confidential, please **do not** put your name or your child's name on the survey.

Before you start the survey, there are some important things you should know:

1. This survey should take about 20 minutes to complete.
2. Please complete this survey **with your child**. Their name should appear at the top of this letter. If your child's name is not on this letter, please contact your school and ask for the correct survey package for your child. If you have more than one child in Kindergarten to Grade 6, you will receive an individual survey package for each of your children. Please complete one survey for each child according to the child's name on each survey package that you receive.
3. This survey is voluntary. If you and/or your child do not feel comfortable answering a question, skip the question and move on to the next one.
4. This **confidential survey is being conducted by YRDSB through CCI Research**. Individual responses will be grouped for reporting purposes. A summary report will be available at your child's school and on the Board's website in Spring 2019.
5. Please remove this instruction page now and place your completed survey in the envelope, seal the envelope and send back with your child to their teacher (no later than November 30th).

If you have any questions about the survey, please contact your school principal.

THANK YOU for your participation!

<p>The information you provide is collected under the authority of section 170(1)(6) of the Education Act, R.S.O. 1990, c. E. 2 and will be used for educational and research purposes only. The information will be used, disclosed, and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act. R.S.O. 1990, c. M. 56.</p>
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Part A: Life in School

How your child feels about school, classes and school work is important to their success as a student. Please think about your child's current school when answering the following questions.

1	How does your child feel about this school?	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
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My child feels welcome at this school.	①	②	③	④	⑤
My child feels like they belong at this school.	①	②	③	④	⑤
My child enjoys being at this school.	①	②	③	④	⑤
My child gets along well with other students at this school.	①	②	③	④	⑤
My child feels accepted by students at this school.	①	②	③	④	⑤
The school rules are applied to my child in a fair way.	①	②	③	④	⑤
My child is treated with respect at this school.	①	②	③	④	⑤
At this school, differences among all people are respected.	①	②	③	④	⑤
My child gets the support needed at this school to learn to the best of their ability.	①	②	③	④	⑤

2	How many close friends does your child have at school?
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- ① None
- ② One
- ③ Two
- ④ Three or more
- ⑤ Not sure

3	Please rate your level of agreement with each of the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
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I am satisfied with the communication I have with my child's school.	①	②	③	④	⑤
I am comfortable visiting my child's school.	①	②	③	④	⑤

4	In a typical school year, how often does your child take part in these <u>school</u> activities?	Weekly	Monthly	A few times a year	Never	Not Applicable	Not Sure
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Arts (for example, visual arts, drama, dance).	①	②	③	④	⑤	⑥
Music (for example, band, choir).	①	②	③	④	⑤	⑥
Cultural group activities.	①	②	③	④	⑤	⑥
School clubs (for example, chess, environment).	①	②	③	④	⑤	⑥
Sports (for example, track and field, sports teams).	①	②	③	④	⑤	⑥
Student council activities.	①	②	③	④	⑤	⑥
School publications (for example, yearbooks, newspapers, websites).	①	②	③	④	⑤	⑥
School special events (for example, dances, concerts).	①	②	③	④	⑤	⑥
Leadership groups or programs.	①	②	③	④	⑤	⑥

5	Since the start of this school year, how often has your child:	All the time	Often	Sometimes	Never	Not Sure
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Stayed away, or wanted to stay away, from school to avoid being bullied*?	①	②	③	④	⑤
Been bullied* by other students at school (for example, physical, verbal, social, and/or cyber bullying)?	①	②	③	④	⑤
Experienced discrimination** in their school/class?	①	②	③	④	⑤
Experienced harassment*** in their school/class?	①	②	③	④	⑤

* *Bullying is an ongoing misuse of power in relationships through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm. It can involve an individual or a group misusing their power over one or more persons. Bullying can happen in person or online, and it can be obvious (overt) or hidden (covert).*

** *Discrimination is being treated negatively because of your gender, racial background, ethnic origin, religion, socio-economic background, special education needs, sexual orientation, or other factors. Discrimination can be intentional or unintentional.*

*** *Harassment is engaging in a course of vexatious [annoying or provoking] comment or conduct which is known or ought reasonably to be known to be unwelcome.*

6	Please rate your level of agreement with each of the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
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My child feels safe at this school.	①	②	③	④	⑤
My child feels safe on the way to and from school.	①	②	③	④	⑤
There is an adult at this school my child would feel comfortable speaking to if they are bullied*.	①	②	③	④	⑤
There is an adult at this school my child would feel comfortable speaking to if they knew of someone else being bullied*.	①	②	③	④	⑤

7	Since the start of this school year, has your child been involved in an incident that resulted in a specific consequence or action by the principal or vice principal?
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- | | | |
|---|----------|--------------------|
| ① | Yes | GO TO QUESTION 8 |
| ② | No | SKIP TO QUESTION 9 |
| ③ | Not sure | SKIP TO QUESTION 9 |

8	If yes, what did this consequence or action involve? Please select all that apply.
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- ① Conversation with the principal/vice principal
- ② Asked to serve a detention or be kept in for recess (for example, being kept after school or asked to come in before school)
- ③ Writing an apology note
- ④ Restorative conversation/circle
- ⑤ A discussion/meeting with the school resource officer (York Regional Police)
- ⑥ Conversation with a Child and Youth Worker (CYW) or Educational Assistant (EA)
- ⑦ Being removed from a class (and kept elsewhere, either in the office or a different classroom)
- ⑧ Missing a portion or being removed from an extracurricular activity (for example, sports team, club)
- ⑨ In-school suspension
- ⑩ Out-of-school suspension
- ⑪ ACCESS program (Alternative Classroom and Counselling for Expelled and Suspended Students)
- ⑫ A discipline/consequence not listed above (please specify): _____
- ⑬ Not sure

Part B: About My Child

We want to know more about your child so that we can support their learning. The answers you provide will help us serve your child and other students better. Please answer the following questions but feel free to skip a question if you don't know the answer or if it makes you feel uncomfortable.

9 What grade is your child currently attending?

- | | |
|---|-----------|
| ① Kindergarten Year 1 (Junior Kindergarten) | ⑤ Grade 3 |
| ② Kindergarten Year 2 (Senior Kindergarten) | ⑥ Grade 4 |
| ③ Grade 1 | ⑦ Grade 5 |
| ④ Grade 2 | ⑧ Grade 6 |

10 What is the first language(s) your child learned to speak? Please select all that apply.

- | | | |
|-------------|--------------------------|---|
| ① Albanian | ⑭ Hebrew | ⑳ Somali |
| ② Arabic | ⑮ Hindi | ㉑ Spanish |
| ③ Bengali | ⑯ Hungarian | ㉒ Tagalog |
| ④ Cantonese | ⑰ Indigenous language(s) | ㉓ Tamil |
| ⑤ Croatian | ⑱ Italian | ㉔ Ukrainian |
| ⑥ Dari | ⑲ Korean | ㉕ Urdu |
| ⑦ Dutch | ⑳ Malayalam | ㉖ Vietnamese |
| ⑧ English | ㉑ Mandarin | ㉗ A language not listed above
(please specify):
_____ |
| ⑨ Farsi | ㉒ Polish | ㉘ Not sure |
| ⑩ French | ㉓ Portuguese | ㉙ I do not understand this
question |
| ⑪ German | ㉔ Punjabi | |
| ⑫ Greek | ㉕ Russian | |
| ⑬ Gujarati | ㉖ Serbian | |

11 Does your child identify as First Nations, Métis, and/or Inuit? If yes, select all that apply.

- ① No
- ② Yes, First Nations
- ③ Yes, Métis
- ④ Yes, Inuit

12	What is your child’s ethnic or cultural* origin(s)? Please provide all that apply. (For example, Canadian, Chinese, East Indian, English, Italian, Filipino, Scottish, Irish, Anishnaabe, Ojibway, Mi’kmaq, Cree, Haudenosaunee, Métis, Inuit, Portuguese, German, Polish, Dutch, French, Jamaican, Pakistani, Iranian, Sri Lankan, Korean, Ukrainian, Lebanese, Guyanese, Somali, Colombian, Jewish, etc.)
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** Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic and/or religious characteristics.*

13	Does your child consider themselves a Canadian?
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- ① Yes
- ② No
- ③ Not sure

14	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. Which race* category best describes your child? Please select all that apply.
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- ① Black (African, Afro-Caribbean, African-Canadian descent)
- ② East Asian (Chinese, Korean, Japanese, Taiwanese descent)
- ③ Indigenous (First Nations, Métis, Inuit descent)
- ④ Latino/Latina/Latinx (Latin American, Hispanic descent)
- ⑤ Middle Eastern (Arab, Persian, West Asian descent, for example, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- ⑥ South Asian (South Asian descent, for example, East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- ⑦ Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- ⑧ White (European descent)
- ⑨ A race or racial background not listed above (please specify): _____
- ⑩ Not sure
- ⑪ I do not understand this question

** Race is a social construct that groups people on the basis of perceived common ancestry and characteristics and affects how some people are perceived and treated. Race is often confused with ethnicity (a group of people who share a particular cultural heritage or background); there may be several ethnic groups within a racialized group.*

15 What is your child’s religion and/or spiritual affiliation*? Please select all that apply.

- | | |
|---|--|
| ① Agnostic (<i>A person who thinks it’s impossible to know if any God or Gods exist.</i>) | ⑧ Jewish |
| ② Atheist (<i>A person who does <u>not</u> believe in any God or Gods</i>) | ⑨ Muslim |
| ③ Buddhist | ⑩ Sikh |
| ④ Catholic | ⑪ Spiritual but not religious |
| ⑤ Christian (non-Catholic) | ⑫ No religious or spiritual affiliation |
| ⑥ Hindu | ⑬ A religion or spiritual affiliation not listed above (please specify): _____ |
| ⑦ Indigenous Spirituality | ⑭ Not sure |
| | ⑮ I do not understand this question |

** 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.*

16 What is your child’s gender identity*?

- ① Woman / girl
- ② Man / boy
- ③ Gender Fluid (*Of, relating to, or being a person whose gender identity or expression changes or shifts along the gender spectrum.*)
- ④ Gender Nonconforming (*Not being in line with the cultural associations made in a given society about a person’s sex assigned at birth.*)
- ⑤ Non-Binary (*Refers to a person whose gender identity does not align with the binary concept of gender such as man or woman.*)
- ⑥ Questioning (*Refers to a person who is unsure about their own gender identity.*)
- ⑦ Transgender (*Refers to a person whose gender identity differs from the one associated with their birth-assigned sex.*)
- ⑧ Two-Spirit (*An Indigenous person whose gender identity, spiritual identity or sexual orientation includes masculine, feminine or non-binary spirits.*)
- ⑨ A gender identity not listed above (please specify): _____
- ⑩ Not sure
- ⑪ I do not understand this question
- ⑫ I prefer not to answer

** 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 (for example, female, intersex, male).*

17 Do you consider your child to be a person with a disability*? Please select one answer only.

- ① Yes GO TO QUESTION 18
- ② No SKIP TO QUESTION 19
- ③ Not sure SKIP TO QUESTION 19
- ④ I do not understand this question SKIP TO QUESTION 19
- ⑤ I prefer not to answer SKIP TO QUESTION 19

* 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. A disability may be temporary, sporadic or permanent.

18 How would you describe your child’s disability*? Please select all that apply.

- ① Autism
- ② Blind or low vision
- ③ Deaf or hard of hearing
- ④ Developmental
- ⑤ Learning disability
- ⑥ Mental health disability
- ⑦ Addiction(s)
- ⑧ Physical
- ⑨ Speech impairment
- ⑩ A disability not listed above (please specify):

19 Was your child born in Canada?

- ① Yes SKIP TO QUESTION 21
- ② No GO TO QUESTION 20

20 If no, is your child currently:

- ① A Canadian citizen
- ② An international student (enrolled through a study permit)
- ③ A landed immigrant/permanent resident
- ④ A refugee claimant
- ⑤ Not sure
- ⑥ I do not understand this question

21 How long has your child lived in Canada?

- | | | | |
|---|------------------|---|-----------------|
| ① | Less than 1 year | ⑥ | 5 years |
| ② | 1 year | ⑦ | 6 years |
| ③ | 2 years | ⑧ | 7 years |
| ④ | 3 years | ⑨ | 8 years |
| ⑤ | 4 years | ⑩ | 9 years or more |

22 What is the language(s) most often spoken in your home? Please select all that apply.

- | | | | | | |
|---|-----------|---|------------------------|-------|---|
| ① | Albanian | ⑭ | Hebrew | ⑳ | Somali |
| ② | Arabic | ⑮ | Hindi | ㉑ | Spanish |
| ③ | Bengali | ⑯ | Hungarian | ㉒ | Tagalog |
| ④ | Cantonese | ⑰ | Indigenous language(s) | ㉓ | Tamil |
| ⑤ | Croatian | ⑱ | Italian | ㉔ | Ukrainian |
| ⑥ | Dari | ㉒ | Korean | ㉕ | Urdu |
| ⑦ | Dutch | ㉓ | Malayalam | ㉖ | Vietnamese |
| ⑧ | English | ㉔ | Mandarin | ㉗ | A language not listed above (please specify): |
| ⑨ | Farsi | ㉕ | Polish | _____ | |
| ⑩ | French | ㉖ | Portuguese | ㉘ | Not sure |
| ⑪ | German | ㉗ | Punjabi | ㉙ | I do not understand this question |
| ⑫ | Greek | ㉘ | Russian | | |
| ⑬ | Gujarati | ㉙ | Serbian | | |

23 Has your child ever received support at school for English as an additional language?

- | | | |
|---|--|---------------------|
| ① | Yes, my child is currently receiving support. | GO TO QUESTION 24 |
| ② | Yes, my child has previously received support. | GO TO QUESTION 24 |
| ③ | No, my child has never received support. | SKIP TO QUESTION 28 |
| ④ | I don't know if my child has received support. | SKIP TO QUESTION 28 |

24 If your child received support at school for English as an additional language (now or in the past), who provided this support? Please select all that apply.

- | | | | |
|---|---------------------------------|---|----------------------------------|
| ① | ESL teacher/ELL support teacher | ④ | Not sure |
| ② | Classroom/subject teacher | ⑤ | I don't understand this question |
| ③ | Other (please specify) _____ | | |

25 If your child receives or has received English Language support, did it help them in their classroom learning?

- ① Yes
- ② No
- ③ Not sure

26 Are you aware of your child’s STEP level?

- ① Yes GO TO QUESTION 27
- ② No SKIP TO QUESTION 28
- ③ I’m not sure what this means SKIP TO QUESTION 28

27 Please indicate your child’s STEP level for each of the following:

	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	Not Sure
Reading	①	②	③	④	⑤	⑥	⑦
Writing	①	②	③	④	⑤	⑥	⑦
Oral	①	②	③	④	⑤	⑥	⑦

28 Please answer the following questions about you and your relationship with your child.

Parent/Guardian 1 (Yourself)	
i)	Please indicate your relationship with your child. (Select one answer only)

Parent/Guardian 2 (Skip this section if not applicable)	
i)	Please indicate this person’s relationship to your child. (Select one answer only)

- ① Mother
- ② Father
- ③ Stepmother
- ④ Stepfather
- ⑤ Grandparent
- ⑥ Relative
- ⑦ Guardian
- ⑧ Foster parent
- ⑨ Friend
- ⑩ Another person (please specify):

- ① Mother
- ② Father
- ③ Stepmother
- ④ Stepfather
- ⑤ Grandparent
- ⑥ Relative
- ⑦ Guardian
- ⑧ Foster parent
- ⑨ Friend
- ⑩ Another person (please specify):

ii) Please check the highest level of education you have completed. (Select one answer only)

- ① Did not complete any formal education
- ② Elementary school
- ③ High school
- ④ Apprenticeship
- ⑤ College
- ⑥ University
- ⑦ Not sure

iii) Do you work? (Select one answer only)

- ① Work full-time
- ② Work part-time
- ③ Self-employed (for example, have your own business)
- ④ Unemployed (not currently working but looking for a job)
- ⑤ Do not work/stay-at-home parent/guardian
- ⑥ Retired
- ⑦ Not sure

iv) What is your job or occupation? (Please provide a job title or brief description)

-
- ② Not sure

ii) Please check the highest level of education this person has completed. (Select one answer only)

- ① Did not complete any formal education
- ② Elementary school
- ③ High school
- ④ Apprenticeship
- ⑤ College
- ⑥ University
- ⑦ Not sure

iii) Does this person work? (Select one answer only)

- ① Works full-time
- ② Works part-time
- ③ Self-employed (for example, has their own business)
- ④ Unemployed (not currently working but is looking for a job)
- ⑤ Do not work/stay-at-home parent/guardian
- ⑥ Retired
- ⑦ Not sure

iv) What is this person's job or occupation? (Please provide a job title or brief description)

-
- ② Not sure

Part C: Life Outside of School

Please think about your child's life outside of school when answering the following questions.

29	How often does your child take part in these activities <u>outside of school</u> (not part of school)?	Weekly	Monthly	A few times a year	Never
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Arts (for example, visual arts, drama, dance).	①	②	③	④
Music (for example, choir, piano lessons).	①	②	③	④
Individual sports (for example, swimming lessons, tennis, gymnastics).	①	②	③	④
Team sports (for example, basketball, soccer, cricket, hockey).	①	②	③	④
Youth programs, clubs or organizations (for example, Cadets, leadership, recreation).	①	②	③	④
Cultural group, faith/religious activities.	①	②	③	④
Volunteer activities.	①	②	③	④
Spending time with friends.	①	②	③	④

30	On average, how much time does your child spend on homework <u>per night</u> ?
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- ① No time spent
- ② Less than 20 minutes
- ③ 20 to less than 40 minutes
- ④ 40 to less than 60 minutes
- ⑤ 60 minutes or more
- ⑥ Not applicable, my child does not have homework
- ⑦ Not sure

SKIP TO QUESTION 32

31	If your child needs help with their homework, who usually helps them? Please select all that apply.
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- | | |
|---|---|
| ① Parent/guardian | ⑤ Paid tutor |
| ② Other family members (for example, brother, sister, grandparent, aunt, uncle) | ⑥ Free tutor or support offered in my child's school, community or online |
| ③ Friend | ⑦ No one helps my child with their homework |
| ④ Teacher | ⑧ My child does not need help with their homework |

32 I expect my child will finish high school ... (Please select one response).

- ① With a high school diploma (Ontario Secondary School Diploma; OSSD)
- ② With a certificate of 14 credits (Ontario Secondary School Certificate; OSSC)
- ③ At age 21, after they complete a Special Education Program
- ④ Not sure

33 What do you expect your child to do after they finish high school? Please select all that apply.

- ① Begin an apprenticeship
- ② Attend college
- ③ Attend university
- ④ Work
- ⑤ Travel
- ⑥ Attend a community-based day program
- ⑦ Not sure
- ⑧ Other plans

34 How often does your child

All the time	Often	Sometimes	Never	Not Sure
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Feel happy?	①	②	③	④	⑤
Feel nervous or anxious?	①	②	③	④	⑤
Feel positive about the future?	①	②	③	④	⑤
Feel lonely?	①	②	③	④	⑤
Feel good about themselves?	①	②	③	④	⑤
Feel sad or depressed?	①	②	③	④	⑤
Feel like they matter to people at school?	①	②	③	④	⑤

35 In the last 12 months, how many times has your child talked to a professional (for example, doctor, counsellor, social worker, psychologist) about their mental health?

- ① Once
- ② Two times
- ③ Three or more times
- ④ Not at all

36 In general, how would you describe your child's physical health?

- ① Excellent
- ② Good
- ③ Fair
- ④ Poor

37	In the <u>last 12 months</u> , how many times has your child:	Not at all	Once	Twice	Three times or more
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Seen a doctor about their physical health or for a checkup?	①	②	③	④
Seen a doctor for an eyesight test?	①	③	③	④
Seen a dentist?	①	④	③	④

38	Would free or low-cost breakfast programs be helpful for your child?
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- ① Yes
- ② No
- ③ Not sure

39	Please respond to each of the following questions:	Not at all	Once	Twice	Three times or more
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How many times has your child moved (changed homes) in the past 12 months?	①	②	③	④
How many times has your child changed schools in the past 12 months? (Do not include changing schools for a new school opening, change in grade or specialized programming such as French Immersion, Gifted program, etc.)	①	②	③	④

40	Has your child been homeless in the <u>last twelve months</u> (for example, living in shelters, living in cars or abandoned buildings, couch surfing)?
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- ① Yes
- ② No

41	Including yourself, how many people currently live in your home?
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- ① 1
- ② 2
- ③ 3-4
- ④ 5-6
- ⑤ 7 or more

42 What is the total household income (before taxes) of your family for this year?

- ① Less than \$30,000
- ② \$30,000 – \$49,999
- ③ \$50,000 – \$74,999
- ④ \$75,000 – \$99,999
- ⑤ \$100,000 – \$149,999
- ⑥ \$150,000+