



# Student Survey 2015

## Grade 5 - 6 students

Welcome, and thank you for completing this survey.

This survey asks about you and your experiences at **this school**. The York Region District School Board is interested in what you and other students have to say and would like your honest answers to the questions that follow. Your feedback will help in making decisions about improving schools, so please take the survey seriously. Student responses from the last Student Climate Survey helped to create goals and strategies which are now included in the Board Improvement Plan (e.g., supports to address student mental health and ways to reduce bullying). As well, student feedback from the survey is an important source of information for the school's improvement plan.

This survey is being completed by students in all schools in the York Region District School Board and is collected under the authority of the Education Act. The information you provide is anonymous so no one will be able to identify you or your individual responses. The results of **all** questionnaires will be combined together and reported back to the school without any individual student being identified. **Please do not write your name on this survey.**

We would like you to answer the first three questions; however, please feel free to skip a question in the rest of the survey if it makes you uncomfortable or if you don't know the answer. You can ask an adult for help if you do not understand a question.

This survey will take about 30 minutes to complete.

**Remember: Your feedback on this survey will give us important information for improvement.**

1. The name of your school: \_\_\_\_\_

2. What grade are you in?     Grade 5     Grade 6

3. Are you?     Male     Female     Other, please specify: \_\_\_\_\_

**A. Learning Environment**

*How you feel about your school and schoolwork is important to us. Please think about your current school when answering the following questions.*

**4. How do you feel about your school?**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. I enjoy being at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel safe to share my ideas and thinking in my classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel valued in my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adults at this school care about me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff at this school encourage me to be a responsible citizen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At my school, I am learning to understand and accept differences in people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This school has programs and activities that interest me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Staff at this school are willing to take suggestions from students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. At this school, I am learning about how to protect the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. At this school, I am learning to practice good character values (e.g., respect, responsibility, optimism).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I know the school rules about how students should behave.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. This school building is clean and well maintained to provide a good environment for learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. How do you feel about your schoolwork?**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. I understand what I need to do to improve my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I find my schoolwork interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Doing well at school is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I try hard with my schoolwork even when I find it difficult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My schoolwork is presented in a variety of ways (e.g., discussion, independent learning).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have someone outside of school with whom that I can discuss my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel confident in my ability to do my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel staff at my school believe that I can be successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am learning about different points of view through my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. What I learn at school is useful in my everyday life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I am given feedback regularly to help me with the next steps in my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
l. I am given opportunities to use feedback to improve my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My schoolwork requires me to investigate real life issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I know how to use tools to assess my learning (e.g., checklists, rubrics, success criteria, work samples/exemplars).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I have the opportunity to show what I have learned in a variety of ways (assessments).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. At school, I am encouraged to learn from my mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. At school, I am encouraged to share my thinking on what I am learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My parent(s)/guardian(s) expect me to do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I have access to technology to help me learn outside of school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. How do you feel about math?**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. I like math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am good at math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am able to answer challenging math questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The math I learn in class is useful for everyday life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I connect new math concepts to what I already know about math or other subjects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I apply new math concepts to real-life problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Even if I feel the math is hard, I can learn it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. I have enough opportunities in my school to:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. Participate and be a member of a leadership group (e.g., in class, with teams, in a club, with a group).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Share my opinion about school priorities, programs and opportunities in the classroom and school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help the local community (e.g., food drives, greening/eco work, fundraising).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help the global community (people in other countries) (e.g., social justice activities, charity fundraising).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Learn about various social issues such as poverty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Engage with technology to communicate with others beyond my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use digital technology (e.g., computer, tablets) to help me learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Are you allowed to use personal technology for learning at school?**

- Yes       No       Not Sure       I don't have personal technology

**9. Canada has two official languages, French and English. When given the opportunity, I try to speak in French.**

- Strongly Agree     Agree     Disagree     Strongly Disagree

## **B. About Me**

*We want to know more about you and your family. 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.*

**10. a. Are you of Aboriginal ancestry?**  Yes  No *(If no, skip part b.)*

**b. If yes, please check all categories that apply to you:**

First Nations  Métis  Inuit

Please specify if we missed your choice: \_\_\_\_\_

**11. Are you currently receiving support at school for English as a Second Language (ESL)?**

Yes  No

**12. a. Do you have an *Individual Education Plan (IEP)* to support your learning?**

*(if you don't know the answer to this question, please ask your teacher for help)*

Yes  No *(If no, skip part b.)*

**b. If you answered Yes, please choose the reason(s) that apply to you from the following list:**  
*(please choose all that apply to you)*

a. Autism

b. Behaviour

c. Blind and Low Vision

d. Deaf and Hard of Hearing

m. Other: \_\_\_\_\_

e. Developmental Disability

f. Gifted

g. Language Impairment

h. Learning Disability

i. Mild Intellectual Disability

j. Physical Disability

k. Speech Impairment

l. Multiple Exceptionalities

**13. Were you born in Canada?**

Yes *(If yes, please skip part b.)*

No

**b. If you were not born in Canada, how long have you lived in Canada?**

Less than 1 year

1 year

2 years

3 years

4 years

5 years

6 years

7 years

8 years

9 or more years

**14. a. Do you have a smart phone?**

Yes

No

**b. Do you have access to the internet at home?**

Yes

No

**15. About how many hours a week (including weekends) do you spend on homework and studying (outside of schooltime):**

0 hours/Not Applicable

1 – 10 hours

11 – 20 hours

21 – 30 hours

More than 30 hours

**16. What were most of your marks on your last report card?**

Mostly A's – (80% or over)

Mostly B's – (70–79%)

Mostly C's – (60–69%)

Mostly D's – (50–59%)

Mostly R's – (Below 50%)

### **C. Healthy Living/Well Being**

Your health and well being is important. Please share your thoughts on the following questions related to healthy living.

#### **17. Please respond to the following statements:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. At this school, adult and student leaders promote activities and ideas that are healthy for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At this school, there is information about making healthy lifestyle choices (e.g., information on smoking, healthy eating, alcohol and drug abuse, stress management).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At this school, if food and beverages are available for sale, they are healthy choices that I like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I usually participate in at least 60 minutes of physical activity every day (before, during, and after school).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have physical education (gym) class or Daily Physical Activity (DPA) every day at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. At this school, there are safety procedures for myself or others who have medical conditions (e.g., allergies, heart conditions, diabetes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. When I have a problem with how I am doing at school, I can come up with ways to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I bounce back quickly and don't get too upset when I get a grade or school feedback with which I am not happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. In general, I like the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. When I am not doing well at school, I keep working and I try harder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I feel like I am important to other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I feel proud of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I feel like I matter to other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I feel like people won't value me if I don't do well at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I feel that family, friends, and people at school support me in making choices about my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I usually hide my feelings of anxiety and sadness so that people do not know how I am really feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I feel like I am expected to be perfect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. If I needed supports related to mental health, I would know where to go to get help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. I would feel like a weak person if I had to get help because of how I am feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. When I am feeling sad, I am good at cheering myself up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### **18. Please respond to the following questions:**

	All the Time	Often	Sometimes	Rarely	Never
a. In general, how often do you feel like you are pushed to do too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In general, how often do bad or upsetting things happen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In general, how often do you feel like you are running out of time so that you would not be able to do anything fun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**19. In general, how often do you feel:**

	All the Time	Often	Sometimes	Rarely	Never
a. Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hopeful about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Nervous or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**20. If you were concerned about your mental health who would you talk to?**

*(please check all that are true for you)*

- a.  School staff
- b.  Friends
- c.  My parent(s)/guardian(s)
- d.  A mental health professional (e.g., doctor, counselor, social worker)
- e.  Internet/chat room
- f.  Other person *(please specify the relationship to you)*: \_\_\_\_\_

**21. Where do you get information about mental health?**

*(please check all that are true for you)*

- a.  School staff
- b.  Friends
- c.  Internet
- d.  Media
- e.  My parent(s)/guardian(s)
- f.  A mental health professional (e.g., doctor, counselor, social worker)
- g.  Other *please specify*: \_\_\_\_\_

## **D. Equity and Inclusivity**

*In the YRDSB we believe that striving for equity and inclusivity means that we do our best to meet individual student needs and remove barriers to student success.*

22. a. Do you feel that you get the support you need at your school to learn to the best of your ability?
- | Always                   | Often                    | Sometimes                | Never                    |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If you answered Always, please skip part b.*

**b. If you feel you do not always get the support you need, do you think it is because of any of the following?** (please choose all that are true for you.)

- a.  Your gender
- b.  Your race, culture or skin colour
- c.  Your Aboriginal background (First Nation, Métis, Inuit)
- d.  Your first language, dialect or accent
- e.  Your religion or faith
- f.  The way you look (e.g., weight, height, hair, body shape, the clothes you wear)
- g.  Your family's level of income
- h.  Your grades or marks
- i.  Your special learning needs
- j.  You are new to this school
- k.  Another reason (please explain): \_\_\_\_\_

23. a. Do you ever feel unwelcome or uncomfortable at your school?
- | Always                   | Often                    | Sometimes                | Never                    |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If you answered Never, please skip part b.*

**b. If you feel unwelcome or uncomfortable, do you think it is because of any of the following?** (please choose all that are true for you.)

- a.  Your gender
- b.  Your race, culture or skin colour
- c.  Your Aboriginal background (First Nation, Métis, Inuit)
- d.  Your first language, dialect or accent
- e.  Your religion or faith
- f.  The way you look (e.g., weight, height, hair, body shape, the clothes you wear)
- g.  Your family's level of income
- h.  Your grades or marks
- i.  Your special learning needs
- j.  You are new to this school
- k.  Another reason (please explain): \_\_\_\_\_



- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Always                   | Often                    | Sometimes                | Never                    |
| 24. a. Do you feel that school rules are applied to you in a fair way? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Always, please skip part b.

**b. If you feel the school rules have not always been applied to you fairly, do you think it is because of any of the following?** (please choose all that are true for you)

- a.  Your gender
- b.  Your race, culture or skin colour
- c.  Your Aboriginal background (First Nation, Métis, Inuit)
- d.  Your first language, dialect or accent
- e.  Your religion or faith
- f.  The way you look (e.g., weight, height, hair, body shape, the clothes you wear)
- g.  Your family's level of income
- h.  Your grades or marks
- i.  Your special learning needs
- j.  You are new to this school
- k.  Another reason (please explain): \_\_\_\_\_

### **E. School Safety**

Please let us know how safe you feel at school by answering the following questions.

**25. Please respond to the following statements about safety:**

- |   | Strongly Agree           | Agree                    | Disagree                 | Strongly Disagree        | Not Sure                 |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I feel safe at this school.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I feel safe on the way to and from school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I feel safe in my neighbourhood.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**26. If you were bullied/harassed or saw someone being bullied/harassed, would you know how to report it at your school?**

Yes                      No

                    

**27. Are you aware of the anonymous reporting button called Report IT on the school and Board websites?**

                    

**28. Do you feel unsafe in any of the following places?**

(Please check all that are true for you.)

- a.  In the classroom
- b.  In the hallways
- c.  In the school entrances and exits
- d.  In the stairwells/under the stairs
- e.  In the library
- f.  In the computer rooms/labs
- g.  In the gym
- h.  In the change rooms or locker rooms
- i.  In washrooms
- j.  On school buses
- k.  During times when you are outside on school grounds
- l.  In the lunchrooms or eating area/cafeteria
- m.  In the portables
- n.  While communicating electronically (e.g., texting, internet, social media, chat rooms)
- o.  Other places (please explain where): \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 29. Have you ever stayed away, or wanted to stay away from school in order to avoid being bullied/harassed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you ever been bullied/harassed at school?  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **No** for Question 30, please skip the next **four** questions and go to Q35.

31. How many times have you been bullied/harassed by another student(s) at school over the last two months?

- Not at all
- 1-2 times
- 3-5 times
- 6-10 times
- More than 10 times

32. In which of the following ways have you been bullied/harassed at your current school?  
(Please check all that are true for you.)

- |   |  |
|---|--|
| <p>a. <input type="checkbox"/> <b>Physically</b><br/>(e.g., someone has pushed, tripped, or hit you; taken or broken your belongings on purpose)</p>  | <p>b. <input type="checkbox"/> <b>Verbally</b><br/>(e.g., someone has called you names, teased, or made fun of you; said mean things to you; embarrassed or threatened you)</p>                    |
| <p>c. <input type="checkbox"/> <b>Electronically</b><br/>(e.g., someone has used social media tools (Instagram, Vine, Snapchat) to send messages or pictures in order to threaten you, hurt your feelings, embarrass you, make you look bad, or tell secrets about you)</p> | <p>d. <input type="checkbox"/> <b>Socially</b><br/>(e.g., someone has left you out of their group, refused to play or work with you, got other students not to talk to you or not to like you)</p> |

33. If you have been bullied/harassed at your current school, do you think it is because of any of the following? (please check all that are true for you)

- a.  Your gender
- b.  Your race, culture or skin colour
- c.  Your Aboriginal background (First Nation, Métis, Inuit)
- d.  Your first language, dialect or accent
- e.  Your religion or faith
- f.  The way you look (e.g., weight, height, hair, body shape, the clothes you wear)
- g.  Your family's level of income
- h.  Your grades or marks
- i.  Your special learning needs
- j.  You are new to this school
- k.  Another reason (please explain): \_\_\_\_\_

34. Think of the last time you were bullied/harassed. What did you do?  
(please check all that are true for you.)

- a.  I ignored it.
- b.  I told my parent(s) or guardian(s) about it.
- c.  I told an adult at school about it.
- d.  I told an adult outside of school about it.
- e.  I told another student about it.
- f.  I called a helpline.
- g.  I used the Report IT button on the school or Board website.
- h.  I fought back.
- i.  Other (please explain) \_\_\_\_\_

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
<b>35. There is an adult at this school with whom I would feel comfortable speaking:</b>					
a. if I am bullied/harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. if I see someone else being bullied/harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
<b>36. I am satisfied with the steps my school has taken to:</b>					
a. raise awareness about bullying/harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. respond to incidents of bullying/harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**37. What strategies have helped to raise your awareness about bullying/harassment?**  
*(please check all that are true for you.)*

- a.  Assemblies
- b.  Guest speakers
- c.  Posters
- d.  Classroom lessons
- e.  Student-led initiatives
- f.  Student councils
- g.  Conferences
- h.  Social media
- i.  Other (please explain) \_\_\_\_\_

**38. How often do you think adults (e.g., teachers, lunchroom supervisors, office staff) at your school do the following:**

	Always	Often	Sometimes	Never	Not Sure
a. notice bullying/harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. try to stop bullying/harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ignore bullying/harassment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. listen to both sides of the story?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this survey. Please return the questionnaire to your teacher.**