



Student Survey 2017

Grade 7 - 8 students

Thank you for completing this survey.

Student voice is important to us. The York Region District School Board is inviting all students in Grades 5 to 12 to tell us about their experiences at school. Your feedback will help further our vision as we work together to listen to student voices and inspire learning.

The information you provide is anonymous and confidential so no one will know your individual responses to the questions. **Please do not write your name on this survey.**

This survey is voluntary and you may skip a question if it makes you feel uncomfortable or if you don't know the answer. You can also ask an adult for help if you do not understand a question. Please answer the questions honestly, as your feedback will help support student achievement and well-being.

When responding to the questions please think about your experiences at **this school during this school year.**

This survey will take about 30 minutes to complete.

B. Learning at School

7. Please think about your experiences this school year when responding to the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. Doing well at school is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>
c. At this school, I am participating in activities/campaigns that help protect the environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At this school, I am learning about environmental topics in the classroom.	<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 to meet my needs (e.g., group discussions, working on my own, learning online and face to face, connecting with experts through videoconferencing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I find my schoolwork interesting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My schoolwork requires me to investigate real life issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am encouraged to take risks in my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am learning about how to become a good digital citizen (e.g., appropriate use of social media, cyber bullying awareness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I have access to a choice of learning spaces (e.g., quiet spaces, collaborative learning spaces, access to technology).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. There is someone outside of school I can talk to about my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I use technology, including the internet, to help me learn outside of school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. What I learn at school is relevant in my everyday life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. At this school, I have opportunities to:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. Use feedback to improve my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Set goals for my learning and follow through on those goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Think about how I learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assess my own learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Give and receive feedback on my schoolwork from my peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Show what I have learned in a variety of ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Learn from my mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Share my thoughts about how I learn best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Share my opinion about school priorities and programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Use technology to communicate and collaborate about my school work with others beyond school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Use digital technology (e.g., online tools, computers, tablets) to help me learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Develop real world solutions to real world problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Learn about mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Learn about social justice (e.g., understanding racism, sexism, disabilities, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. At school, are you encouraged to use personal technology for learning?

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

10. 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 a confident problem solver in math class.	<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 know my strengths as a math learner.	<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"/>
h. I know the areas I need help in as a math learner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I know how to ask for help when I'm having trouble in math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There are lots of ways to solve most math problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Making mistakes is helpful in learning mathematics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I ask questions to help make sense of mathematics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I learn from other students in math class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. When working on problems in math class, I check to see if my answer makes sense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Learning math helps to change my ideas about how the world works.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Mental Health and Well-Being

11. Please think about your overall mental health and well-being this school year when responding to the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. 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"/>
b. I don't get too upset and I bounce back quickly when I get a grade or feedback that I don't like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In general, I like the way I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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"/>
e. I feel like I am important to other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel proud of myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel like I matter to people at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel like I matter to people at home or in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. At home there is an adult who listens to me when I have a concern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. 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"/>
k. I feel that family and friends support me in making choices about my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I feel like I have to be perfect in my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I feel like I have to be perfect in the way I look.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I would consider myself to be 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"/>
o. 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"/>
p. I am happy with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. People at my school care about my well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. At school there is an adult who listens to me when I have something to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. At my school, there is at least one caring adult who supports me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. The spaces at this school are designed with my needs in mind (e.g., places to work with others, quiet zones, prayer, active movement, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In general, during this school year, how often did you feel:

	All the Time	Often	Sometimes	Rarely	Never
a. Like you are pushed to do too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>
c. Hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Nervous or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. a. Do you ever feel nervous or anxious at school? Yes No

If you answered No, please skip part b.

b. If you feel nervous or anxious at school, do you think that it is because of any of the following? (Please choose all that are true for you.)

- Performing or speaking out loud in front of others
- Completing a test
- Spending time in groups with other students
- Sharing my ideas out loud when working in groups
- Another reason (please specify): _____

14. a. Do you usually hide your feelings of anxiety and sadness? Always Often Sometimes Never

If you answered Never, please skip part b.

b. If you hide your feelings of anxiety and sadness, do you think it is because of any of the following? (Please choose all that are true for you.)

- I'm worried I will be judged for feeling that way
- I feel people will think I'm just looking for attention
- I feel it is a sign of weakness
- I am embarrassed
- I feel I am expected to always be strong
- I'm worried it will change how people feel about me
- Another reason (please explain): _____

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

(Please choose all that are true for you.)

- School staff
- Friends
- My parent(s)/guardian(s)
- A mental health professional (e.g., doctor, counselor, social worker)
- Internet/chat room
- No one
- Other person (please specify the relationship to you): _____

16. Where do you get information about mental health?

(Please choose all that are true for you.)

- School staff
- Friends
- Internet
- Media
- My parent(s)/guardian(s)
- A mental health professional (e.g., doctor, counselor, social worker)
- Other (please specify): _____

17. If you had a concern about your mental health and did talk to an adult at school, did you feel they helped you?

- Yes
- No
- I did not talk to an adult at school about it

18. If you had a concern about your mental health and **did not talk to an adult** at school, is it because of any of the following? (Please choose all that are true for you.)

- I preferred to handle the problem myself
- I didn't think they would be able to help
- I didn't know who to approach at school
- I was worried that other people would find out
- I did not have a mental health concern
- Other (please specify): _____

D. Healthy Schools

19. Please think about your experiences this school year when responding to the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. 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"/>
b. 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"/>
c. 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"/>

E. Equity and Inclusive Education

20. My school is supportive of my faith accommodations (e.g., changes to my music, gym class, etc.).

- Strongly Agree Agree Disagree Strongly Disagree Not Applicable

21. a. My social identities are talked about and seen in my school (e.g., language, culture, exceptionality, etc.).

- Strongly Agree Agree Disagree Strongly Disagree Not Sure

b. I see the following social identities reflected at my school: (Please choose all that are true for you.)

- My gender
- My racial background
- My culture
- My Indigenous background (e.g., First Nation, Métis, Inuit, etc.)
- My first language, dialect or accent
- My religion or faith
- The way I look (e.g., weight, body shape, clothes, etc.)
- My sexual orientation
- My gender identity
- My special education needs (e.g., learning disability, autism, behaviour, giftedness, etc.)
- My physical disability
- Another social identity (please explain): _____

22. At school, I see, hear, or learn about my social identities in:

	Always	Often	Sometimes	Never
a. The classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Guest speakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. a. In this school year, have you experienced discrimination in your school/class (e.g., treated negatively because of your gender, racial background, ethnic origin, religion, socio-economic background, special education needs, sexual orientation or other factors)?

- Yes No

If you answered No, please go to Question 25.

b. If you have experienced discrimination at school, do you think it is because of any of the following: (Please choose all that are true for you.)

- Your gender
- Your racial background
- Your culture
- Your Indigenous background (e.g., First Nation, Métis, Inuit, etc.)
- Your first language, dialect or accent
- Your religion or faith
- The way you look (e.g., weight, body shape, clothes, etc.)
- Your sexual orientation
- Your gender identity
- Your family structure
- Your family's level of income
- Your grades or marks
- Your special education needs (e.g., learning disability, autism, behaviour, giftedness, etc.)
- Your physical disability
- Another reason (please explain): _____

24. a. In this school year, have you talked to an adult at school about discrimination that you experienced in your school or class?

- Yes *(If you answered Yes, please skip part d.)*
 No *(If you answered No, please skip part b and c.)*

b. How satisfied are you with the way your school responded to your report of discrimination?

- Very Satisfied Satisfied Unsatisfied Very unsatisfied Not sure

c. If you were not satisfied with the response, did you feel it was because of any of the following? (Please choose all that are true for you.)

- The process of reporting was confusing/unclear
- I felt I wasn't heard/listened to
- There was little/no follow up
- Another reason (please explain): _____

d. If you experienced discrimination and did not talk to an adult at school, is it because of any of the following? (Please choose all that are true for you.)

- I preferred to handle the problem myself
- I didn't think they would be able to help
- I didn't know who to approach at school
- I was worried that other people would find out
- Other (please specify): _____

25. a. Do you feel welcome at your school? Always Often Sometimes Never

If you answered Always, please skip part b).

b. If you do not feel welcome, do you think it is because of any of the following? (Please choose all that are true for you.)

- Your gender
- Your racial background
- Your culture
- Your Indigenous background (e.g., First Nation, Métis, Inuit, etc.)
- Your first language, dialect or accent
- Your religion or faith
- The way you look (e.g., weight, body shape, clothes, etc.)
- Your sexual orientation
- Your gender identity
- Your family structure
- Your family's level of income
- Your grades or marks
- Your special education needs (e.g., learning disability, autism, behaviour, giftedness, etc.)
- Your physical disability
- Another reason (please explain): _____

26. a. Do you feel welcome in school activities, teams, or clubs? Always Often Sometimes Never

If you answered Always, please skip part b).

b. If you do not feel welcome, or that you do not belong in school activities, teams, or clubs, do you think it is because of any of the following: (Please choose all that are true for you.)

- Your gender
- Your racial background
- Your culture
- Your Indigenous background (e.g., First Nation, Métis, Inuit, etc.)
- Your first language, dialect or accent
- Your religion or faith
- The way you look (e.g., weight, body shape, clothes, etc.)
- Your sexual orientation
- Your gender identity
- Your family structure
- Your family's level of income
- Your grades or marks
- Your special education needs (e.g., learning disability, autism, behaviour, giftedness, etc.)
- Your physical disability
- Another reason (please explain): _____

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Always | Often | Sometimes | Never |
| 27. a. Do you feel there are barriers that stand in the way of your learning at school? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Never, please skip part b).

b. If you feel there are barriers, do you think it is because of any of the following? (Please choose all that are true for you.)

- Your gender
- Your racial background
- Your culture
- Your Indigenous background (e.g., First Nation, Métis, Inuit, etc.)
- Your first language, dialect or accent
- Your religion or faith
- The way you look (e.g., weight, body shape, clothes, etc.)
- Your sexual orientation
- Your gender identity
- Your family structure
- Your family's level of income
- Your grades or marks
- Your special education needs (e.g., learning disability, autism, behaviour, giftedness, etc.)
- Your physical disability
- Another reason (please explain): _____

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Always | Often | Sometimes | Never |
| 28. 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 rules have not been applied fairly, do you think it is because of any of the following? (Please choose all that are true for you.)

- Your gender
- Your racial background
- Your culture
- Your Indigenous background (e.g., First Nation, Métis, Inuit, etc.)
- Your first language, dialect or accent
- Your religion or faith
- The way you look (e.g., weight, body shape, clothes, etc.)
- Your sexual orientation
- Your gender identity
- Your family structure
- Your family's level of income
- Your grades or marks
- Your special education needs (e.g., learning disability, autism, behaviour, giftedness, etc.)
- Your physical disability
- Another reason (please explain): _____

F. Caring and Safe Schools

Please think about your experiences this school year when responding to the following statements:

- | | Strongly
Agree | Agree | Disagree | Strongly
Disagree | Not Sure |
|--|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------------|
| 29. I am satisfied with the steps this school has taken to prevent bullying among students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. I am satisfied with the steps this school takes to deal with incidents of bullying among students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. If you were bullied or saw someone being bullied, would you know how to report it at your school? | | | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 32. Are you aware of the anonymous reporting button called Report IT on the school and Board websites? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Do you feel unsafe in any of the following places?
(Please choose <u>all</u> that are true for you.) | | | | | |
| <input type="checkbox"/> In the classroom
<input type="checkbox"/> In the hallways
<input type="checkbox"/> In the school entrances and exits
<input type="checkbox"/> In the stairwells/under the stairs
<input type="checkbox"/> In the library
<input type="checkbox"/> In the computer rooms/labs
<input type="checkbox"/> In the gym
<input type="checkbox"/> In the change rooms or locker rooms
<input type="checkbox"/> In washrooms
<input type="checkbox"/> On school buses
<input type="checkbox"/> Outside on school grounds
<input type="checkbox"/> In the lunchroom or eating area/cafeteria
<input type="checkbox"/> In the portables
<input type="checkbox"/> Other places (please explain where): _____ | | | | | |
| 34. This year, have you stayed away, or wanted to stay away from school in order to avoid being bullied? | | | | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 35. This year, have you been bullied by other students at this school? | | | | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered No for Question 35, please go to Q41.

36. How many times have you been bullied 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

37. In which of the following ways have you been bullied at your current school this school year? (Please choose all that are true for you.)

Physically

(e.g., someone has pushed, tripped, or hit you; taken or broken your belongings on purpose)

Verbally

(e.g., someone has called you names, teased, or made fun of you; said mean things to you; embarrassed or threatened you)

Electronically

(e.g., someone has used social media tools (Instagram, 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)

Socially

(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)

38. If you have been bullied, do you think it is because of any of the following? (Please choose all that are true for you.)

- Your gender
- Your racial background
- Your culture
- Your Indigenous background (e.g., First Nation, Métis, Inuit, etc.)
- Your first language, dialect or accent
- Your religion or faith
- The way you look (e.g., weight, body shape, clothes, etc.)
- Your sexual orientation
- Your gender identity
- Your family structure
- Your family's level of income
- Your grades or marks
- Your special education needs (e.g., learning disability, autism, behaviour, giftedness, etc.)
- Your physical disability
- Another reason (please explain): _____

39. Think of the last time you were bullied. What did you do? (Please choose all that are true for you.)

- I ignored it.
- I told my parent(s) or guardian(s) about it.
- I told an adult at school about it.
- I told an adult outside of school about it.
- I told another student about it.
- I called a helpline or online live chat counselling.
- I used the Report IT button on the school or Board website.
- I fought back.
- Other (please explain): _____

	Yes	No	I did not report it
40. If you reported being bullied, did you feel an adult at your school listened to you and helped you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
41. There is an adult at this school with whom I would feel comfortable speaking if I am bullied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. There is an adult at this school with whom I would feel comfortable speaking if I know of someone else being bullied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

44. Sexting is the act of sending or receiving sexually suggestive or explicit messages, videos or photos. Please indicate the number of times you have received sexual messages, videos or photos through technology such as text messages or the internet in the past 2 months:

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- more than 21
- Don't know

45. Please indicate where you've seen yourself most often this school year with respect to drug and alcohol use:

- Not using** (e.g., not using drugs or alcohol)
- Trying it out** (e.g., trying drugs or alcohol because you are curious, feeling pressure to fit in, you may never use again)
- Using sometimes** (e.g., using sometimes: with friends, after school/work, on the weekend)
- Problem use** (e.g., using substances regularly, experiencing difficulty in controlling your urge to use, using more to get the same effect, starting to impact your life negatively)
- Dependent** (e.g., using regularly and often, feeling out of control, feeling angry or depressed or anxious, feeling physically ill when you are not using, always thinking about it, life revolves around using)

H. About Me

We want to know more about you. The answers you provide will be used to help us serve you and other students better. Please answer the following questions but feel free to skip a question if you feel uncomfortable answering.

46. a. 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?

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 4 years | <input type="checkbox"/> 8 years |
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 5 years | <input type="checkbox"/> 9 or more years |
| <input type="checkbox"/> 2 years | <input type="checkbox"/> 6 years | |
| <input type="checkbox"/> 3 years | <input type="checkbox"/> 7 years | |

47. Do you identify yourself as Canadian? Yes No

(You do not have to be born in Canada to think of yourself as Canadian.)

48. Which of the following best describes your racial/ethnic background? (Please choose all that apply to you.)

- Asian - East** (e.g., Chinese, Japanese, Korean, Taiwanese, Mongolian, etc.)
 Asian - South (e.g., Indian, Pakistani, Sri Lankan, Tamil, Caribbean, etc.)
 Asian - Southeast (e.g., Filipino, Vietnamese, Cambodian, Indonesian, Malaysian, etc.)
 Black - (e.g., Moroccan, South African, Nigerian, Ghanaian, Caribbean, etc.)
 Indigenous (e.g., First Nation, Métis, Inuit, etc.)
 Latin or Hispanic (e.g., Colombian, Ecuadorian, Peruvian, Mexican, Salvadorian, etc.)
 Middle Eastern or West Asian (e.g., Iranian, Armenian, Afghan, Iraqi, Lebanese, etc.)
 White (e.g., British, Italian, German, Russian, French, etc.)
 Please write your racial/ethnic background if you do not see yourself reflected above: _____

49. What is your cultural or religious background? (You may write more than one.)

50. If you are of Indigenous ancestry, please choose all that apply to you:

- First Nation Métis Inuit
 Another Indigenous ancestry: _____

51. What is your sexual orientation?

- Asexual
 Bisexual
 Gay
 Heterosexual/Straight
 Intersex
 Lesbian
 Queer
 Questioning
 Two-Spirit
 Don't Know
 I prefer not to say
 Please write your sexual orientation if you do not see yourself reflected above: _____

52. About how many hours a week (including weekends) do you spend on:

- | | 0 hours/Not
Applicable | 1-10 hours | 11-20 hours | 21-30 hours | More than
30 hours |
|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Homework and studying
(outside of school time) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

53. Do you have access to the internet at home? Yes No

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

- 80% or over 70–79% 60–69% 50–59% Below 50%

Thank you for completing this survey.