



TVDSB Every Student Belongs Survey Draft

INTRODUCTION

TVDSB is collecting student demographic data to learn more about the backgrounds of our students. This work is informed by the Ministry of Education's Equity Action Plan. We want to gain a better understanding of who our students are so that we can better support them. Please note that survey questions and answer choices have been provided by the Ministry of Education and are informed by and based on recommendations from the [Data Standards for the Identification and Monitoring of Systemic Racism](#), the [Ontario Human Rights Commission](#), and the [2016 Canadian Census](#).

The survey will take about 10 minutes to complete and is voluntary. You are welcome to skip any questions that you do not wish to answer. The survey is linked to you so that we will be able to use the survey results to better understand outcomes and achievement for students of different backgrounds. However, individual responses will be confidential, will not be shared with teachers, parents, or guardians, and no individual student or family will be identifiable in the sharing of the results.

If you have any questions, please contact us at everystudentbelongs@tvdsb.ca or 519-452-2000 extension 20496. Thank you in advance for your support with this initiative!

CONSENT

1. Would you like to complete this survey?

- Yes
- No [If selected, will be directed to thank you page]

2. Please select who is completing this survey.

- I am a student completing the survey about myself
- I am a staff member and I am completing the survey about a student
- I am a parent or guardian and I am completing the survey about my child

STUDENT INFORMATION

3. What is [your] [your child's] grade? [This question is mandatory in order to proceed]

- | | | | |
|---------------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Grade 12 |
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 9 | <input type="checkbox"/> Grade 12+ |
| <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 10 | |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 11 | |



4. [Are you] [Is your child] currently going to school in person, learning from home, or both?

- At school in person
- Learning from home
- Both at school and from home

5. Select [your] [your child's] school from the drop-down list. If [you are] (your child is) currently in remote learning, please choose the school [you] [your child] would normally be attending this year. School names are in alphabetical order [This question is mandatory in order to proceed]

- Drop down list of all TVDSB schools

6. [Do you] [Does your child] have an IEP (Individualized Education Plan)? If yes, select [your] [your child's] primary exceptionality.

- No
- Yes
- Not sure

[If yes or not sure is selected] **Select [your] [your child's] primary exceptionality.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Giftedness | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Behavioural | <input type="checkbox"/> Language Impairment | <input type="checkbox"/> IEP but no exceptionality identified |
| <input type="checkbox"/> Blind and Low Vision | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Deaf and Hard of Hearing | <input type="checkbox"/> Mild Intellectual Disability | |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Physical Disability | |

LANGUAGE

7. What is the first language(s) [you] [your child] learned to speak as a child? Select all that apply.

Note: The list provided has been adapted from the list of most common languages from the 2016 Canadian Census.

Languages not listed can be added under "A language(s) not listed above" at the bottom of the list.

- | | | |
|---|--|--|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Creole/Patois | <input type="checkbox"/> Hindi |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Croatian | <input type="checkbox"/> Hungarian |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Dari | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Dutch | <input type="checkbox"/> Karen |
| <input type="checkbox"/> Assyrian Neo-Aramaic | <input type="checkbox"/> English | <input type="checkbox"/> Khmer (Cambodian) |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> French | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> German | <input type="checkbox"/> Kurdish Kurmanji |
| <input type="checkbox"/> Chaldean Neo-Aramaic | <input type="checkbox"/> Greek | <input type="checkbox"/> Low German/Plautdietsch |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Lunaape |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Malayalam |



- | | | |
|--|---|--|
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Romanian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Russian | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Ojibwe | <input type="checkbox"/> Serbian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Oneida | <input type="checkbox"/> Somali | <input type="checkbox"/> A language(s) not listed
above (please specify): |
| <input type="checkbox"/> Persian (Farsi) | <input type="checkbox"/> Spanish | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Tagalog (Pilipino, Filipino) | |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Tamil | |
| <input type="checkbox"/> Punjabi (Panjabi) | <input type="checkbox"/> Thai | |

8. In which language(s) can [you] [your child] communicate fluently? Select all that apply.

Note: The list provided has been adapted from the list of most common languages from the 2016 Canadian Census.

Languages not listed can be added under "A Language(s) not listed above" at the bottom of the list.

- | | | |
|---|--|--|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Punjabi (Panjabi) |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Assyrian Neo-Aramaic | <input type="checkbox"/> Italian | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Karen | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chaldean Neo-Aramaic | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Tagalog (Pilipino, Filipino) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Kurdish Kurmanji | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Low German/Plautdietsch | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Creole/Patois | <input type="checkbox"/> Lunaape | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Nepali | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Ojibwe | <input type="checkbox"/> A language(s) not listed
above (please specify): |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> French | <input type="checkbox"/> Oneida | |
| <input type="checkbox"/> German | <input type="checkbox"/> Persian (Farsi) | |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Polish | |



INDIGENOUS IDENTITY

9. [Do you] [Does your child] identify as First Nations, Métis, and/or Inuit? If yes, select all that apply. First Nations includes Status and Non-Status.

Note: Students are invited to Self-Identify as First Nations, Métis, Inuit with the school board to access additional opportunities and resources. Self-Identification is completed through the school registration process or by submitting the First Nations, Métis, and Inuit Self-Identification Form. Please note that answering “Yes” to the question below will not provide a student with additional resources unless the student has officially Self-Identified through the registration process. More information about how to Self-Identify with the school board can be found on the [TVDSB Indigenous Education webpage](#) and in this [resource](#).

- No
- Yes, First Nations
- Yes, Métis
- Yes, Inuit
- Yes, not listed here (please specify):

ETHNICITY

10. [Do you consider yourself] [Does your child consider themselves] a Canadian?

- Yes
- No
- Not sure

11. What is [your] [your child’s] ethnic or cultural origin(s)? Specify as many ethnic or cultural origins as apply.

Note: Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics. The list provided is based on the most common ethnic origins from the 2016 Canadian Census. Ethnic or cultural origins not listed can be added under “Ethnicity(ies) not listed above” at the bottom of the list.

- | | | | |
|------------------------------------|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> American | <input type="checkbox"/> East Indian | <input type="checkbox"/> Inuit | <input type="checkbox"/> Métis |
| <input type="checkbox"/> Arab | <input type="checkbox"/> English | <input type="checkbox"/> Iranian | <input type="checkbox"/> Norwegian |
| <input type="checkbox"/> Austrian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Belgian | <input type="checkbox"/> First Nations | <input type="checkbox"/> Irish | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> French | <input type="checkbox"/> Italian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> German | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Greek | <input type="checkbox"/> Jewish | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Haudenosaunee | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Maltese | <input type="checkbox"/> Somali |



- | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Swiss | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Ethnicity(ies) not listed above (please specify): |
| <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Syrian | <input type="checkbox"/> Welsh | |
| <input type="checkbox"/> Swedish | <input type="checkbox"/> Ukrainian | | |

[If First Nations is selected] **You chose First Nations from the list above. Please specify.**

- Algonquin
- Anishnaabe
- Cree
- Lunaape
- Ojibwe
- Oneida
- First Nations ethnicity(ies) not listed above. Please specify:

RACIAL IDENTITY

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

Note: People are often described as belonging to a certain “race” based on how others see and behave toward them. These ideas about who belongs to what race are usually based on physical features such as skin colour. Ideas about race are often imposed on people by others in ways which can affect their life experiences and how they are treated. Race is often confused with ethnicity, but there can often be several ethnicities within a racialized group. Please do not include “mixed” or “bi-racial” but instead select all of the racial groups that apply to you. Ethnic or cultural origins not listed can be added under “Ethnicity(ies) not listed above” at the bottom of the list.

- Black (African, Afro-Caribbean, African-Canadian descent)
- East Asian (Chinese, Korean, Japanese, Taiwanese descent)
- Indigenous (First Nations, Métis, Inuit descent)
- Latino/Latina/Latinx (Latin American, Hispanic descent)
- Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- South Asian (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White (European descent)
- A racial group(s) not listed above (please specify):



13. [Do you] [Does your child] identify as a racialized person or as a member of a racialized community?

Note: The Ontario Human Rights Commission describes communities facing racism as “racialized.” Race is a social construct. This means that society forms ideas of race based on geographic, historical, political, economic, social and cultural factors, as well as physical traits, even though none of these can be used to justify racial superiority or racial prejudice. Recognizing that race is a social construct, the Commission describes people as “racialized person” or “racialized community” instead of the more outdated and inaccurate terms “racial minority,” “visible minority,” “person of colour” or “non-White” (Ontario Human Rights Commission).

- Never
- Sometimes
- Always
- Not sure

STATUS IN CANADA

14. [Were you] [Was your child] born in Canada?

- No
- Yes
- Not sure

[If no is selected] **[Are you] [Is your child] currently:**

- A Canadian citizen
- An international student (enrolled through a study permit)
- A landed immigrant/permanent resident
- A refugee claimant
- Status not listed above (please specify):
- Not sure

RELIGION OR SPIRITUAL AFFILIATION

15. What is [your] [your child's] religion, creed, belief, and/or spiritual affiliation? Select all that apply.

Note: Religion, creed, spirituality, and/or belief(s) refer to an individual's identification with any religious group or other religious community or system of belief and/or spiritual faith practices. People can be treated differently based on their religion, or perceived religion, which can lead to negative impacts and unequal outcomes. People can experience racism not only based on skin colour but also other perceived characteristics that are associated with religion. Creed may include non-religious belief systems that, like religion, substantially influence a person's identity, worldview and way of life. Some of the choices below would be considered religions or spiritual affiliations while others are creeds or belief systems.

Religions, creeds,



beliefs, and/or spiritual affiliations not listed can be added under “Religion(s) or spiritual affiliation(s) not listed above” at the bottom of the list.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agnosticism/Agnostic | <input type="checkbox"/> Hinduism/Hindu | <input type="checkbox"/> Spiritual, but not religious | affiliation(s) not listed above (please specify): |
| <input type="checkbox"/> Atheism/Atheist | <input type="checkbox"/> Indigenous Spirituality | <input type="checkbox"/> No religion or spiritual affiliation | |
| <input type="checkbox"/> Buddhism/Buddhist | <input type="checkbox"/> Judaism/Jewish | <input type="checkbox"/> Religion(s) or spiritual | |
| <input type="checkbox"/> Christianity/Christian | <input type="checkbox"/> Sikhism/Sikh | | |

GENDER IDENTITY

16. What is [your] [your child’s] gender identity? Select all that apply.

Note: Gender identity refers to a person’s internal sense or feeling of being a girl/woman, a boy/man, both, neither or anywhere on the gender spectrum, which may or may not be the same as the person’s sex assigned at birth (e.g., male, female, intersex). It is different from and does not determine a person’s sexual orientation. Gender identities not listed can be added under “Gender identity(ies) not listed above” at the bottom of the list. [Click here](#) for a glossary of terms related to gender identity.

- | | | |
|---|--|--|
| <input type="checkbox"/> Agender | <input type="checkbox"/> Girl/Woman | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Boy/Man | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Gender identity(ies) not listed above (please specify): |
| <input type="checkbox"/> Cisgender | <input type="checkbox"/> Pangender | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Gender Fluid | <input type="checkbox"/> Questioning | |
| <input type="checkbox"/> Gender Nonconforming | <input type="checkbox"/> Trans Boy or Man | |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Trans Girl or Woman | |

SEXUAL ORIENTATION

17. What is your sexual orientation? Select all that apply. [Students Grades 7-12+ only]

Note: Sexual orientation refers to a person’s sense of sexual attraction to the people of the same or different sex. Sexual orientation is a personal characteristic that forms part of who you are. It covers the range of human sexuality from lesbian to gay, to bisexual and heterosexual. Sexual orientations not listed can be added under “A sexual orientation(s) not listed above” at the bottom of the list. [Click here](#) for a glossary of terms related to sexual orientation.

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Polysexual | <input type="checkbox"/> A sexual orientation(s) not listed above (please specify): |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning | |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Straight/Heterosexual | |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Two-Spirit | |



DISABILITY

18. [Do you consider yourself] [Do you consider your child] to be a person with a disability(ies)? Select one answer only.

Note: Some people identify as having a disability because of a permanent or long-term health condition that makes it difficult for them to function in an environment that is not fully inclusive and accessible. A person's disability may be diagnosed or not diagnosed. It may be hidden or visible. Some students who have disabilities may have a special plan at school to help them (an Individual Education Plan or IEP), but some do not. A disability may be physical, mental, behavioural, developmental, sensory, communicational, or a combination of any of these. Barriers such as settings that are hard to access (like school, shops, or public places), negative attitudes, and barriers to information contribute to a person's sense of having a disability.

- Yes
- No
- Not sure

[If yes is selected] **What is the nature of your disability? Select all that apply.**

Note: Disabilities not listed can be added under "Any disability(ies) not listed above" at the bottom of the list.

- | | | |
|--|--|--|
| <input type="checkbox"/> Addiction(s) | <input type="checkbox"/> Developmental | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> disability(ies)/intellectual/
cognitive impairment | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Blind or low vision | <input type="checkbox"/> Learning disability(ies) | <input type="checkbox"/> Physical disability(ies) |
| <input type="checkbox"/> Chronic medical condition | <input type="checkbox"/> Memory | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Mental health disability(ies) | <input type="checkbox"/> Any disability(ies) not listed
above (please specify): |
| | <input type="checkbox"/> Mobility | <input type="checkbox"/> Not sure |

HOUSEHOLD INFORMATION

Think about the adults who you live with (either all of the time or part of the time) and who help take care of you. If you have more than one parent, choose one and answer the first set of questions about them. If you have a second, third, or fourth parent, we'll ask you about them too. If you have more than four parents who you live with and who help take care of you, pick the four parents who you spend the most time with, to answer the next set of questions.

19. Parent/Guardian 1 that [you] [your child] currently live[s] with most of the time. Please check [your] [your child's] relation with this person. Select one answer only.

- Mother
- Father
- Stepmother
- Stepfather



- Grandparent
- Relative (e.g., Aunt, Uncle)
- Guardian
- Foster parent
- Friend
- A person not listed above (please specify):
- I'm living on my own
- I'm living in a group residential home
- Not sure

20. Please check the highest level of education this person completed. Select one answer only.

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

21. What is this person's employment status? Select all that apply.

- Works full-time
- Works part-time
- Self-employed (for example, has own business)
- Looking for work
- Stay-at-home parent/guardian
- Parental leave
- Retired
- Employment status not listed above (please specify):
- Not sure

22. What is this person's job or occupation?

-
- Not sure

Duplicate Household Information questions for up to four Parents/Guardians (if applicable).