



[Empty box for ID number]

QUESTIONS ABOUT ME

1. What is the **first language(s)** you learned at home as a child and still understand? (Select all that apply)

- Radio button options for languages: American Sign Language, Arabic, Bengali, Cantonese, Dari, English, French, Greek, Gujarati, Hebrew, Hindi, Inuktitut, Korean, Mandarin, Michif, Mohawk, Ojibwe, Persian or Farsi, Punjabi, Russian, Somali, Spanish, Tagalog, Tamil, Urdu

Other, please print in the box:

[Empty box for other language(s)]

2. What language(s) do you **speak** most often at home? (Select all that apply)

- Radio button options for languages: American Sign Language, Arabic, Bengali, Cantonese, Dari, English, French, Greek, Gujarati, Hebrew, Hindi, Inuktitut, Korean, Mandarin, Michif, Mohawk, Ojibwe, Persian or Farsi, Punjabi, Russian, Somali, Spanish, Tagalog, Tamil, Urdu

Other, please print in the box:

[Empty box for other language(s)]

3. What is your **ethnic or cultural** background? (Please print in the box. You can print more than one.)

[Large empty box for ethnic or cultural background]

(Examples: Afghani, American, Anishnaabe, Arab, Bengali, Canadian, Chinese, Colombian, Cree, Cuban, Dutch, East Indian, English, Ethiopian, Filipino, French, French-Canadian, German, Greek, Guyanese, Haudenosaunee, Hungarian, Indian, Inuit, Iranian, Irish, Italian, Jamaican, Jewish, Kenyan, Korean, Lebanese, Métis, Mi'kmaq, Nigerian, Ojibway, Pakistani, Polish, Portuguese, Roma, Russian, Scottish, Somali, Sri Lankan, Syrian, Trinidadian, Ukrainian, etc.)

4. Do you identify as **First Nations (Status or non-Status), Métis,** and/or **Inuit**? (Select all that apply)

- Radio button options: No, Yes, First Nations (e.g., Cree, Mohawk, Ojibwe), Yes, Métis, Yes, Inuit, Do not know, Another Indigenous identity. Please print in the box:

[Empty box for another indigenous identity]

5. Which of the following **best describes** your **racial background**? (Select all that apply)

- Radio button options: Black (e.g., African, Afro-Caribbean, African-Canadian descent), East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent), First Nations, Métis, and/or Inuit descent, Latin American (e.g., Brazilian, Mexican, Cuban, Chilean descent), Middle Eastern (e.g., Egyptian, Emiratis, Syrian, Saudi Arabian descent), South Asian (e.g., Indian, Pakistani, Sri Lankan, Bangladeshi descent), Southeast Asian (e.g., Filipino, Vietnamese, Malaysian descent), White (e.g., English, Italian, German, European descent), Do not know, Prefer not to answer, Other, please print in the box:

[Empty box for other racial background]

6. My **gender** identity: (Select all that apply)

- Radio button options: Female, Male, Intersex, Questioning, Prefer not to answer, I am not sure what this question is asking, Other, please print in the box: (e.g., Gender fluid, Nonbinary, Gender non-conforming, Transgender, Two-spirit)

[Empty box for other gender identity]

7. What is your **religion** and/or **faith**? (Select all that apply)

- Radio button options: Agnosticism (Agnostic), Atheism (Atheist), Bahá'í (Bahá'ís), Buddhism (Buddhist), Christianity (Christian), Hinduism (Hindu), Indigenous spirituality, Islam (Muslim), Jainism (Jains), Judaism (Jewish), Sikhism (Sikh), Spiritual (but not religious), Wicca, Zoroastrianism, Do not know, Prefer not to answer, No religion, Other, please print in the box:

[Empty box for other religion/faith]



15. At my school, I feel <b>people like me</b> are reflected <b>positively</b> in:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Not Sure
a) Pictures, posters and displays of student work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Materials teachers use in class (e.g., books, videos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Topics we study in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) School events/activities (e.g., extra-curricular activities, celebrations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How often do you take part in these <b>school</b> activities (i.e., <b>outside of your regular classroom</b> ):	Never	A Few Times This Year	Monthly	Weekly
a) Arts (e.g., choir, drama, dance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Sports (e.g., basketball, track and field)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Cultural groups/clubs, faith/religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) School field trips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) School leadership activities (e.g., student council, school publications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) School clubs (e.g., chess club, eco club)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) School special events (e.g., talent shows, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. How often do you take part in these <b>activities outside of school</b> :	Never	A Few Times This Year	Monthly	Weekly
a) Arts (e.g., music, drama, dance)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Youth programs, clubs or organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Cultural groups, faith/religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Volunteer activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Spending time with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Learning another language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Learning activities (e.g., tutoring, Kumon, Oxford, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## QUESTIONS ABOUT MY WELL-BEING

18. How often do you <b>feel safe</b> :	Never	Rarely	Sometimes	Often	All the Time
a) In your classroom(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Inside and/or outside school property (e.g., schoolyard, around the school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) On your way to and from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) On your street and in your neighbourhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) When browsing, chatting or playing games on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. At your <b>school</b> , how often have you:	Never	Rarely	Sometimes	Often	All the Time
a) Worried about being <b>bullied</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Been <b>physically bullied</b> (e.g., hit, kicked or punched)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Been <b>verbally bullied</b> (e.g., others have said mean things about the way you look, who you are, what you believe, where you live, or how good you are at things)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Been <b>socially bullied</b> (e.g., treated you badly or left you out of groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Been <b>cyber bullied</b> (e.g., received hurtful comments/pictures on the Internet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Had your things <b>stolen or damaged</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Felt you would be <b>comfortable reporting bullying</b> to teachers or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How often do you <b>feel</b> :	Never	Rarely	Sometimes	Often	All the Time
a) Good about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) You liked the way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Nervous or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Tired for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Under a lot of stress or pressure (e.g., stressed out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. On average, how many hours do you **usually sleep** on a **school night**?

- Less than 5 hours  
  5 hours  
  6 hours  
  7 hours  
  8 hours  
  9 hours  
  10 hours  
  11 hours or more

22. On average, how many days a week do you **exercise or take part in a sport** that causes you to sweat and breathe harder?  
 None    1-2 days    3-4 days    5-6 days    Every day
23. About how many **hours a day** do you usually spend on social media (e.g., Facebook, Instagram, Snapchat, YouTube, etc.)?  
 None    Less than 1 hour    1 hour    2 hours    3 to 4 hours    5 to 6 hours    7 hours or more
24. How do you usually **get to school?** (Choose one)  
 Walk    School bus    Car    Bicycle    Public transit (e.g., bus, taxi)
25. How do you usually **get home from school?** (Choose one)  
 Walk    School bus    Car    Bicycle    Public transit (e.g., bus, taxi)

26. If you had an <b>issue at school</b> (e.g., academics, physical health, emotional well-being, relationships), how <b>comfortable</b> would you feel talking about it with:	Very Uncomfortable	Uncomfortable	Neither Comfortable or Uncomfortable	Comfortable	Very Comfortable	Not Sure
a) A teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) A guidance counsellor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) A principal or vice-principal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) A social worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Another adult at school (e.g., office staff, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Parent(s)/guardian(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Other family members or relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Do you ever feel **unwelcome or uncomfortable** at your school because of any of the following? (Select all that apply or "No" if none apply)
- |  |   |   |
|--|---|---|
| <input type="radio"/> My gender identity               | <input type="radio"/> The way I look              | <input type="radio"/> The way I dress                               |
| <input type="radio"/> My race, culture, or skin colour | <input type="radio"/> My religion or faith        | <input type="radio"/> My hobbies, activities, and/or interests      |
| <input type="radio"/> My language                      | <input type="radio"/> My family's level of income | <input type="radio"/> No, I do not feel unwelcome or uncomfortable. |
| <input type="radio"/> My grades or marks               | <input type="radio"/> A disability that I have    |   |

28. Thinking about your <b>health</b> , how <b>often</b> do you usually:	Never	Once Every Few Years	Once a Year	More Than Once a Year	Not Sure
a) Go to a doctor for a <b>physical health check-up</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Go to an optometrist for an <b>eyesight test</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Go to a dentist to have your <b>teeth checked</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. During a <b>regular school week</b> (Monday to Friday), how often do you:	Never	1-2 days	3-4 days	Every day (5 days)	Not Applicable
a) Eat breakfast before school starts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Eat breakfast provided by your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Eat lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Eat dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Eat fruits/vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eat/drink dairy products (e.g., milk, cheese, yogurt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Have fast food, pop or sweetened drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Feel hungry at <b>home</b> because there is not enough food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Feel hungry at <b>school</b> because you do not have enough food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Thinking about your <b>future</b> , what is the highest level of education you, your parent(s)/guardian(s) and school staff expect you to complete:	Ontario Secondary School Diploma/Certificate	Apprentice Program	College	University	Graduate School	Other	Not Sure
a) Myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Parent(s)/guardian(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) School staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. What are the main reasons that make you **late or absent from school?** (Select all that apply or "Never late or absent" if none apply)
- |  |  |  |
|--|--|--|
| <input type="radio"/> Don't like school/school is not important  | <input type="radio"/> Not getting along with adults at school            | <input type="radio"/> Sickness, illnesses, medical condition             |
| <input type="radio"/> Extracurricular activities (e.g., sports, dance)   | <input type="radio"/> Not getting along with other students              | <input type="radio"/> Medical treatment, hospital stay or medical visits |
| <input type="radio"/> Family reasons (e.g., need to help out at home)  | <input type="radio"/> Public transit late or cancelled (e.g., bus, taxi) | <input type="radio"/> Too tired  |
| <input type="radio"/> Family transportation late or not available (e.g., car trouble, parent sick or running late) | <input type="radio"/> School bus late or cancelled                       | <input type="radio"/> Unhappy and/or anxious                             |
| <input type="radio"/> Fear of being bullied  | <input type="radio"/> School parking lot traffic (e.g., kiss and ride)   | <input type="radio"/> Weather  |
|  |  | <input type="radio"/> Never late or absent                               |

**Thank You!**

## Student Instructions

STUDENT NAME:



IF THIS IS **NOT** YOUR NAME, RETURN THE PACKAGE TO YOUR TEACHER  
AND GET THE ONE WITH **YOUR NAME**.

TEACHER NAME:

HOMEROOM:

---

### INSTRUCTIONS FOR STUDENTS

The Peel District School Board invites every student in grades 4 to 12 to complete the *Student Census*. By completing the census, you will help the Peel board to better understand the needs of students and school communities.

Some reminders before you start:

- Please make sure **your name** is at the top of this page. If your name is not at the top of this page, return the package to your teacher and get the one with **your name**.
- This is not a test—there are **no wrong answers**, just what is right for you. Take your time to answer each question completely and think about what is true for yourself.
- Use a **dark pencil or pen** to fill in circles completely, so they look like this: ●  
If you make a mistake, **erase** the filled-in circle **completely** and then circle the chosen answer. If you used a pen, put an X over the wrong choice, and circle the correct choice. ✘ ○ ○ ◎
- You may **skip** any question and move on to the next one.
- If you do not understand any questions, please **ask your teacher** for help. It is important that you answer the questions on **your own** and not discuss them with other students.
- Your answers will be kept **confidential**. No one at your school will read or have access to your responses.
- When you are finished, keep this page with you. Place **ONLY** your completed *Student Census* in the envelope, and **seal** the envelope. Your completed census now has **no name on it**. This is so we can keep your answers **private and confidential**.
- If you have a concern or would like to speak to someone about something that is worrying you, you can:
  - speak with your teacher, teaching assistant, guidance counsellor, principal or another caring adult at your school.
  - call the **Kids Help Phone** at 1-800-668-6868 or download their **free** chat app *Always There*.

