



# Student Census 2019 – Every Student Matters

## Grade 7 - 12

### QUESTIONS ABOUT ME

1. My grade:  Gr.7  Gr.8  Gr.9  Gr.10  Gr.11  Gr.12

2. What is the first language(s) you learned to speak at home? (Select all that apply)

- American Sign Language    French    Hungarian    Punjabi    Ukrainian  
 Arabic    German    Italian    Russian    Urdu  
 Cantonese    Greek    Korean    Somali    Vietnamese  
 Dutch    Gujarati    Mandarin    Spanish  
 English    Hebrew    Polish    Tagalog  
 Farsi    Hindi    Portuguese    Tamil  
 Indigenous language(s):     If not listed, write in box:

3. Were you born in Canada?  Yes  No (write your country of birth in the box):

4. Do you identify as First Nations (Status or Non-status), Métis and/or Inuit? If yes, select all that apply.

- No    Yes, First Nations    Yes, Métis    Yes, Inuit

5. What is your ethnic or cultural origin? (Please provide as many ethnic or cultural origins that apply)

(For example: Anishnaabe, Arab, Canadian, Chinese, Colombian, Cree, Dutch, East Indian, English, French, Filipino, German, Guyanese, Haudenosaunee, Hungarian, Inuit, Iranian, Irish, Italian, Jamaican, Jewish, Korean, Lebanese, Métis, Mi'kmaq, Ojibway, Pakistani, Polish, Portuguese, Scottish, Somali, Sri Lankan, Trinidadian, Ukrainian, etc.)

6. Do you consider yourself a Canadian? (You do not have to be born in Canada to think of yourself as Canadian.)  Yes  No  Not sure

7. In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East/Southeast Asian," etc. Which of the following best describes your racial background? If you have a mixed background, select all that apply.

- Black (African, Afro-Caribbean, African-Canadian descent, etc.)    South Asian (e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)  
 East Asian (Chinese, Korean, Japanese, Taiwanese descent, etc.)    Southeast Asian (e.g., Cambodian, Filipino, Indonesian, Thai, Vietnamese descent, etc.)  
 Indigenous (First Nations, Métis, Inuit descent)    White (e.g., British, German, Italian, Polish, Ukrainian, European descent, etc.)  
 Latin American (e.g., Brazilian, Chilean, Mexican, Peruvian, etc.)    A race or racial background not listed above (please write in box):   
 Middle Eastern (e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)

8. What is your religion and/or spiritual affiliation? (Select all that apply)

- Agnostic    Christian (non-Catholic)    Muslim:  Shia  Sunni  
 Atheist    Hindu    Sikh    Another religion or spiritual affiliation (if not listed write in box):   
 Buddhist    Indigenous spirituality    Spiritual (but not religious)  
 Catholic    Jewish    No religious or spiritual affiliation

9. What is your gender identity? (Select all that apply)

- Woman/girl    Gender Nonconforming    Questioning    Not sure  
 Man/boy    Genderqueer    Transgender    I do not understand this question  
 Gender Fluid    Non-Binary    Two-Spirit    Another gender identity (if not listed write in box):

10. What is your sexual orientation? (Select all that apply)

- Asexual    Lesbian    Questioning    Not sure  
 Bisexual    Pansexual    Straight/Heterosexual    I do not understand this question  
 Gay    Queer    Two-Spirit    Another sexual orientation (if not listed write in box):

**11. a) Do you consider yourself be a person with a disability? (Pick one only)**

- Yes                       No                       Not sure

**b) If yes, select all that apply.**

- Addiction(s)                       Deaf or hard of hearing                       Mental health disability  
 Autism                       Developmental                       Physical  
 Behavioural                       Learning disability                       Speech impairment  
 Blind or low vision                       Another disability (if not listed write in box):

**12. Who are the adults you live with at home most of the time? (Pick one only)**

- Mother only                       Mother and Stepfather                       Grandparent(s)                       On my own  
 Father only                       Father and Stepmother                       Other adult relatives or guardians (e.g., aunts, uncles, etc.)  
 Mother and Father                       Mother and Mother                       Foster parents                       Friend(s)  
 Part of the time with each parent                       Father and Father                       Group home caregivers

**13. How many people currently live in your home including yourself?**

- 1                       2                       3 - 4                       5 - 6                       7 or more

**QUESTIONS ABOUT MY FAMILY**

**14. About my family (Answer the following questions about your parent(s) that you live with most of the time. "Parent" includes a guardian or caregiver with responsibility for you.)**

Parent/Guardian 1	Parent/Guardian 2 <i>(Skip this if you are living with only one parent or adult.)</i>
<p><b>a) This person is my:</b> (Pick <u>one</u>)</p> <p><input type="radio"/> Mother                      <input type="radio"/> Stepparent                      <input type="radio"/> Foster parent  <input type="radio"/> Father                      <input type="radio"/> Grandparent  <input type="radio"/> If not listed, write in box: <input style="width: 150px; height: 15px;" type="text"/></p>	<p><b>a) This person is my:</b> (Pick <u>one</u>)</p> <p><input type="radio"/> Mother                      <input type="radio"/> Stepparent                      <input type="radio"/> Foster parent  <input type="radio"/> Father                      <input type="radio"/> Grandparent  <input type="radio"/> If not listed, write in box: <input style="width: 150px; height: 15px;" type="text"/></p>
<p><b>b) This person's first language(s):</b> (Pick <u>all</u> that apply)</p> <p><input type="radio"/> English   <input type="radio"/> Other language(s): <input style="width: 150px; height: 15px;" type="text"/></p>	<p><b>b) This person's first language(s):</b> (Pick <u>all</u> that apply)</p> <p><input type="radio"/> English   <input type="radio"/> Other language(s): <input style="width: 150px; height: 15px;" type="text"/></p>
<p><b>c) This person's country of birth:</b> (Pick <u>one</u>)</p> <p><input type="radio"/> Canada   <input type="radio"/> Other country: <input style="width: 150px; height: 15px;" type="text"/></p>	<p><b>c) This person's country of birth:</b> (Pick <u>one</u>)</p> <p><input type="radio"/> Canada   <input type="radio"/> Other country: <input style="width: 150px; height: 15px;" type="text"/></p>
<p><b>d) This person's highest level of education completed:</b> (Pick <u>one</u>)</p> <p><input type="radio"/> No formal education   <input type="radio"/> Apprenticeship   <input type="radio"/> Not sure  <input type="radio"/> Elementary school   <input type="radio"/> College  <input type="radio"/> High school   <input type="radio"/> University</p>	<p><b>d) This person's highest level of education completed:</b> (Pick <u>one</u>)</p> <p><input type="radio"/> No formal education   <input type="radio"/> Apprenticeship   <input type="radio"/> Not sure  <input type="radio"/> Elementary school   <input type="radio"/> College  <input type="radio"/> High school   <input type="radio"/> University</p>
<p><b>e) This person:</b> (Pick <u>one</u>)</p> <p><input type="radio"/> Works full-time   <input type="radio"/> Is unemployed  <input type="radio"/> Works part-time   <input type="radio"/> Not sure  <input type="radio"/> Other: <input style="width: 150px; height: 15px;" type="text"/></p>	<p><b>e) This person:</b> (Pick <u>one</u>)</p> <p><input type="radio"/> Works full-time   <input type="radio"/> Is unemployed  <input type="radio"/> Works part-time   <input type="radio"/> Not sure  <input type="radio"/> Other: <input style="width: 150px; height: 15px;" type="text"/></p>
<p><b>f) This person's job or occupation:</b> <input style="width: 150px; height: 15px;" type="text"/>  (Write <b>WHAT</b> they do such as cashier, teacher, truck driver, nurse, computer technician, construction worker, restaurant owner, accountant, office manager, auto mechanic, lawyer, farmer, etc.)</p>	<p><b>f) This person's job or occupation:</b> <input style="width: 150px; height: 15px;" type="text"/>  (Write <b>WHAT</b> they do such as cashier, teacher, truck driver, nurse, computer technician, construction worker, restaurant owner, accountant, office manager, auto mechanic, lawyer, farmer, etc.)</p>

**QUESTIONS ABOUT LIFE IN SCHOOL AND OUTSIDE OF SCHOOL**

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>15. How do you feel at school?</b>				
a) I feel like an outsider (or left out of things) at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I make friends easily at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I feel like I belong at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I feel awkward and out of place in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Other students in my school seem to like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) I feel lonely at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. Is there an adult in your school whom you feel comfortable to go to for personal support, advice or help?**

- Yes, there is one adult     
  Yes, there is more than one adult     
  No, I have not met one yet

<b>17. How often do you take part in these activities outside of school?</b>	Weekly	Monthly	A few times this year	Never
a) Arts (e.g., drama, dance, visual arts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Music (e.g., choir, piano lessons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Individual sports (e.g., gymnastics, swimming lessons, tennis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Team sports (e.g., basketball, hockey, soccer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Cultural group, faith/religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Youth programs, clubs or organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Volunteer activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Spending time with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>18. How often do you usually:</b>	Once a year or more	Once every few years	Never
a) Go to the doctor for a physical check-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Go to the doctor for an eyesight test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Go to the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>19. In general, how often have you felt:</b>	All the time	Often	Sometimes	Rarely	Never
a) Good about yourself	<input type="radio"/>				
b) Hopeful about the future	<input type="radio"/>				
c) You liked the way you look	<input type="radio"/>				
d) Lonely	<input type="radio"/>				
e) Nervous or worried	<input type="radio"/>				
f) Sad	<input type="radio"/>				
g) Under a lot of stress or pressure	<input type="radio"/>				

**20. 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   
  More than 9 hours

**21. We are interested in whether you consider yourself rural or urban. Is your main residence in a:**

- City                     
  Village/Hamlet                     
  Reserve  
 Town                     
  In the country/Rural                     
  Other (if not listed write in box):

**22. How do you usually get to school? (Select all that apply)**

- Walk   
  Bicycle   
  School bus   
  Public Transit   
  Vehicle   
  Other

**23. Usually, how long does it take you to get to school?**

- Less than 15 minutes   
  15-30 minutes   
  31-45 minutes   
  46-60 minutes   
  Over 60 minutes

**24. If I am late for school,**

- I get a ride   
  I walk to school   
  I stay home   
  Other   
  Does not apply to me

**25. How many times have you changed school(s) in the past 12 months? (This does not include graduating from elementary to junior high school or to high school.)**

- Never                     
  Once                     
  Twice                     
  Three or more times

**26. How often do you worry about your family's financial situation?**

- All the time   
  Often   
  Sometimes   
  Rarely   
  Never

**27. During a regular school week, how often do you go to bed hungry because there is not enough food at home?**

- Every day   
  Most days   
  1-2 days   
  Rarely   
  Never

**28. Have you considered yourself to be homeless in the last twelve months (for example, living in shelters, living in cars or abandoned buildings, couch surfing)?**

- No  
 Yes

**If there is anything about you that we haven't asked and you feel we should know or anything else that you would like us to know, please write in the box below:**

**Thank you for your participation!**