Grades 5-6 Student Census

Access Key :

Questions About Me

My grade:

◯ Grade 5 ◯ Grade 6

Language(s) First Spoken

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

- ☐ Albanian
- ☐ American Sign Language
- ☐ Anishinaabemowin / Ojibwe
- ☐ Arabic
- ☐ Bengali
- ☐ Cantonese
- ☐ Croatian
- ☐ Dari
- ☐ Dutch
- ☐ English
- ☐ Farsi
- ☐ French
- ☐ German
- ☐ Greek
- ☐ Gujarati
- ☐ Hebrew
- ☐ Hindi
- ☐ Hungarian
- ☐ Italian
- ☐ Korean
- ☐ Kurdish
- ☐ Malayalam
- ☐ Mandarin
- ☐ Pashto
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Serbian
- ☐ Somali
- ☐ Spanish
- ☐ Tagalog
- ☐ Tamil
- ☐ Telugu
- ☐ Ukrainian
- ☐ Urdu
- ☐ Vietnamese
- ☐ Other Indigenous languages
- ☐ Other

If you selected other Indigenous languages or other please specify:

Ethnic Origin

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

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

What is your ethnic or cultural origin? Ethnic or cultural groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic and/or religious characteristics. (Please select all that apply)

- ☐ American
- ☐ Anishnaabe
- ☐ Arab
- ☐ Bangladeshi
- ☐ Brazilian
- ☐ Canadian
- ☐ Chinese
- ☐ Colombian
- ☐ Cree
- ☐ Dutch
- ☐ English
- ☐ French
- ☐ Filipino
- ☐ German
- ☐ Ghanian
- ☐ Guyanese
- ☐ Haudenosaunee
- ☐ Hong Konger
- ☐ Hungarian
- ☐ Indian
- ☐ Inuit
- ☐ Iranian
- ☐ Israeli
- ☐ Italian
- ☐ Jamaican
- ☐ Japanese
- ☐ Jewish
- ☐ Korean
- ☐ Lebanese
- ☐ Métis
- ☐ Mi'kmaq
- ☐ Nigerian
- ☐ Ojibway
- ☐ Palestinian
- ☐ Pakistani
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Scottish
- ☐ Somali
- ☐ Sri Lanken
- ☐ Tamil
- ☐ Trinidadian
- ☐ Turkish
- ☐ Ukrainian
- ☐ Vietnamese
- ☐ Not sure
- ☐ Ethnicity(ies) not listed

If you selected ethnicity(ies) not listed please specify:

Race

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.)
- ☐ East Asian (Chinese, Korean, Japanese, Taiwanese descent, etc.)
- ☐ Indigenous (First Nations, Métis, Inuit descent)
- ☐ Latin American (e.g., Brazilian, Chilean, Mexican, Peruvian, etc.)
- ☐ Middle Eastern, West Asian, or North African (e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, Moroccan, etc.)
- ☐ Pacific Islander (e.g., Samoan, Fijian, Hawaiian, etc.)
- ☐ South Asian (e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- ☐ Southeast Asian (e.g., Cambodian, Filipino, Indonesian, Thai, Vietnamese descent, etc.)
- ☐ White (e.g., British, German, Italian, Polish, Ukrainian, European descent, etc.)
- ☐ A race or racial background not listed above

If you selected a race or racial background not listed above please specify:

Religion, Creed, Spiritual Affiliation, or Belief

What is your religious and/or spiritual affiliation? (Select all that apply)

☐ Agnostic
☐ Atheist
☐ Bahá'í Faith
☐ Buddhist
☐ Christian (e.g., Catholic; Protestant, Anglican, United, Baptist, Lutheran, Pentecostal, Orthodox, Jehovah's Witness, etc.)
☐ Hindu
☐ Indigenous spirituality
☐ Jainism
☐ Jewish
☐ Muslim
☐ Paganism
☐ Sikh
☐ Spiritual, but not religious
☐ Zoroastrianism
☐ No religious or spiritual affiliation
☐ Not sure
☐ Another religion or spiritual affiliation

If you selected another religion or spiritual affiliation please specify:

Gender Identity

Gender identity refers to a person's internal sense or feeling of being a woman, a man, both, neither, or anywhere on the gender spectrum. A person's gender identity may be different from the sex assigned at birth; female, male, or intersex (individuals born with any of several variations in sex characteristics that do not fit with typical conceptions of "male" or "female" bodies). Gender identity is different from sexual orientation.

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

☐ Boy/man
☐ Gender Fluid
☐ Gender Nonconforming
☐ Genderqueer
☐ Girl/woman
☐ Non-Binary
☐ Questioning
☐ Transgender
☐ Two-Spirit
☐ Not sure
☐ I do not understand this question
☐ Another gender identity

If you selected another gender identity please specify:

Disability, Chronic Health Condition and Exceptionality

Some people identify as having a disability because of a permanent or long-term condition that makes it difficult for them to function in an environment that is not fully inclusive and accessible. A person's exceptionality may be diagnosed or not diagnosed. It may be hidden or visible. Some students who have exceptionalities may have an individual education plan at school to support them (an Education Plan or IEP), but some do not.

*Defining exceptionality or disability is a complex, evolving matter. These are terms that cover a broad range and degree of conditions, some visible and others not (e.g., physical, mental, and learning disabilities, hearing or vision disabilities; epilepsy, environmental sensitivities). An exceptionality or disability may be present from birth, may be caused by an accident, or may develop over time.

Do you consider yourself to be a person with an exceptionality/disability or chronic health condition (not including giftedness)?

◯ Yes ◯ No ◯ Not sure ◯ I do not understand this question ◯ I prefer not to answer

If yes, please select any exceptionality/disability or health condition that applies to you. Select all that apply.

☐ Addiction(s)
☐ ADD/ADHD (Attention-deficit/hyperactivity)
☐ Autism Spectrum Disorder
☐ Behavioural
☐ Blind or low vision (not corrected by glasses)
☐ Brain injury
☐ Chronic health condition (e.g., asthma, diabetes, epilepsy, spina bifida, etc.)
☐ Chronic or episodic pain
☐ Deaf or hard of hearing
☐ Developmental disability
☐ Fetal Alcohol Spectrum (FAS)
☐ Learning disability (e.g., dysgraphia, dyslexia, non-verbal learning disability, information processing, memory, etc.)
☐ Mental health disability (e.g., anxiety, depression, OCD, ODD, PTSD, etc.)
☐ Mobility disability (e.g., difficulty getting around, unable to walk or difficulty walking)
☐ Neurodivergent
☐ Other physical disabilities (e.g., cerebral palsy, muscular dystrophy, spinal cord injury, etc.)
☐ Severe allergies
☐ Speech impairment
☐ I prefer not to answer
☐ Any disability(ies) not listed

If you selected any disability(ies) not listed please specify:

Status in Canada

Were you born in Canada?

◯ Yes ◯ No ◯ Not sure

If no, are you currently:

◯ A Canadian citizen
◯ An international student
◯ A landed immigrant
◯ A refugee claimant
◯ Not sure
◯ I do not understand this question

Questions About Your Child's Life In School

Sense of belonging at school

How do you feel at school?

	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
Awkward and out of place in school	◯	◯	◯	◯	◯
Like an outsider (or left out of things) at school	◯	◯	◯	◯	◯
Like other students at school like me	◯	◯	◯	◯	◯
Like I belong at school	◯	◯	◯	◯	◯
Like I can make friends easily at school	◯	◯	◯	◯	◯
Lonely at school	◯	◯	◯	◯	◯

In general, how often have you felt?

	All the time	Often	Sometimes	Rarely	Never	I don't know
Alone	◯	◯	◯	◯	◯	◯
Good about myself	◯	◯	◯	◯	◯	◯
Happy	◯	◯	◯	◯	◯	◯
Hopeless	◯	◯	◯	◯	◯	◯
Lonely	◯	◯	◯	◯	◯	◯
Nervous or worried	◯	◯	◯	◯	◯	◯
Positive about the future	◯	◯	◯	◯	◯	◯
Sad or depressed	◯	◯	◯	◯	◯	◯

Please select where you feel yourself, or their identity reflected in school: (Select all that apply)

- ☐ Art / Posters
- ☐ Curriculum / Lessons
- ☐ Decorations
- ☐ Events
- ☐ Flyers
- ☐ Holidays
- ☐ Murals
- ☐ Reading material
- ☐ Staff
- ☐ Textbooks
- ☐ Other

If you selected other, please specify:

Bullying

Did you experience bullying within the last school year?

◯ Yes ◯ No ◯ I do not know

If yes, what type of bullying did you experience? (Select all that apply)

- ☐ Physical bullying
- ☐ Verbal bullying
- ☐ Social bullying
- ☐ Online bullying
- ☐ Having their things damaged or stolen
- ☐ Racial/ethnic bullying
- ☐ Bullying because of my appearance
- ☐ Bullying because of my body
- ☐ Bullying because of my gender expression or perceived gender
- ☐ Bullying because I am out or have been outed as being 2SLGBTQIA+

Trusted school adults

Is there an adult in 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

Please specify the trusted adult(s) in your school: (Select all that apply)

- ☐ Coach
- ☐ Custodial Staff
- ☐ Early Childhood Educator
- ☐ Educational Assistant
- ☐ Principal
- ☐ Secretary/Administrative Professional
- ☐ Social worker
- ☐ Teacher
- ☐ Vice Principal
- ☐ Other school staff

If you selected other school staff, please specify: