



## TLDSB Student Census Grades 7-12

### Introduction

**Welcome to the student census for students in Grades 7-12. We want to learn more about you!**

The information you and your classmates share will help us understand the diversity within our student population so we can work to better support the learning and well-being of everyone.

Before you start the census, you should know the following important information:

1. The census takes about 15 to 20 minutes to complete.
2. The census is confidential, but not anonymous.
3. The census is voluntary. If you do not feel comfortable answering a question, indicate that you prefer not to answer and move on to the next one.
4. There are no right or wrong answers. We want to hear from you, so take your time and feel free to share honestly.

***Thank you for your participation!***

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Trillium Lakelands District School Board acknowledges that these lands and waters are the traditional homelands of the Ojibway Nation and the Huron/Wendat Nation, and now includes communities from the Mohawk Nation, the Pottawatomi Nation and the Métis Nation of Ontario. Under the One Dish With One Spoon Treaty, the Haudenosaunee Confederacy and the Anishinaabe Peoples agreed to share and care for this territory for the benefit of future generations. We acknowledge their stewardship throughout the ages.

Personal information collected in this census is under the authority of the Education Act, R.S.O. 1990, sections 169.1(1) and 170(1), the Anti-Racism Act 2017, section 6 and in accordance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. Personal information collected will be used by TLDSB for educational and research purposes, to support TLDSB schools and provide effective educational programs and services, and to eliminate systemic racism and advance racial equity. Questions or concerns about the collection, use or disclosure of personal information should be directed to your school principal, or the Board Privacy Officer at [privacy@tldsbc.on.ca](mailto:privacy@tldsbc.on.ca).

## Language(s) First Spoken

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Indigenous languages        | <input type="checkbox"/> Polish                                      |
| <input type="checkbox"/> Afrikaans              | <input type="checkbox"/> Algonquin                   | <input type="checkbox"/> Portuguese                                  |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Anishinaabemowin (Ojibwe)   | <input type="checkbox"/> Punjabi (Panjabi)                           |
| <input type="checkbox"/> Armenian               | <input type="checkbox"/> Cree                        | <input type="checkbox"/> Romanian                                    |
| <input type="checkbox"/> Bengali                | <input type="checkbox"/> Inuktitut                   | <input type="checkbox"/> Russian                                     |
| <input type="checkbox"/> Bulgarian              | <input type="checkbox"/> Kanien'kehá:ka (Mohawk)     | <input type="checkbox"/> Serbian                                     |
| <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Mi'kmaq                     | <input type="checkbox"/> Slovak                                      |
| <input type="checkbox"/> Croatian               | <input type="checkbox"/> Michif                      | <input type="checkbox"/> Slovene (Slovenian)                         |
| <input type="checkbox"/> Czech                  | <input type="checkbox"/> Montagnais                  | <input type="checkbox"/> Spanish                                     |
| <input type="checkbox"/> Danish                 | <input type="checkbox"/> Wendat                      | <input type="checkbox"/> Swedish                                     |
| <input type="checkbox"/> Dutch                  | <input type="checkbox"/> Other Indigenous languages: | <input type="checkbox"/> Tagalog (Pilipino, Filipino)                |
| <input type="checkbox"/> English                | <input type="checkbox"/> Italian                     | <input type="checkbox"/> Tamil                                       |
| <input type="checkbox"/> Estonian               | <input type="checkbox"/> Japanese                    | <input type="checkbox"/> Thai  |
| <input type="checkbox"/> Finnish                | <input type="checkbox"/> Korean                      | <input type="checkbox"/> Turkish                                     |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Latvian                     | <input type="checkbox"/> Ukrainian                                   |
| <input type="checkbox"/> Frisian                | <input type="checkbox"/> Lithuanian                  | <input type="checkbox"/> Urdu  |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Macedonian                  | <input type="checkbox"/> Vietnamese                                  |
| <input type="checkbox"/> Greek                  | <input type="checkbox"/> Maltese                     | <input type="checkbox"/> Vlaams (Flemish)                            |
| <input type="checkbox"/> Gujarati               | <input type="checkbox"/> Mandarin                    | <input type="checkbox"/> Not sure                                    |
| <input type="checkbox"/> Hebrew                 | <input type="checkbox"/> Norwegian                   | <input type="checkbox"/> Language not listed above (please specify): |
| <input type="checkbox"/> Hindi                  | <input type="checkbox"/> Persian (Farsi)             | <input type="checkbox"/> I prefer not to answer                      |

Hungarian

### Indigenous Identity

**2. Do you identify as First Nations (status or non-status), Métis, and/or Inuit?**

Yes

No

**3. If yes , select all that apply:**

Yes, First Nations

Yes, Métis

Yes, Inuit

**4. Indigenous identities are diverse. If you would like to provide more details about your Indigenous identity (such as your Nation or your community), please enter it into the space provided.**

I identify as:

Not sure

### Status in Canada

Canada is comprised of ten provinces and three territories which extend from the Pacific Ocean to the Atlantic Ocean and into the Arctic Ocean. Many Indigenous people refer to the landmass of North America as Turtle Island, which reflects a holistic view of land and kinship.

**5. Were you born in Canada?**

Yes

No

**6. If no, are you currently: (Select one answer only.)**

A Canadian citizen

An international student (enrolled through a study permit)

A landed immigrant/permanent resident

A refugee claimant

Not sure

I do not understand this question

I prefer not to answer

### Ethnic Origin

**7. Do you consider yourself a Canadian?**

Yes

No

Not sure

8. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic and/or religious characteristics.

**What is your ethnic or cultural origin(s)? Select all that apply.**

- |                                      |                                    |   |
|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Acadian     | <input type="checkbox"/> German    | <input type="checkbox"/> Newfoundlander         |
| <input type="checkbox"/> American    | <input type="checkbox"/> Greek     | <input type="checkbox"/> Norwegian              |
| <input type="checkbox"/> Australian  | <input type="checkbox"/> Guyanese  | <input type="checkbox"/> Polish                 |
| <input type="checkbox"/> Austrian    | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Portuguese             |
| <input type="checkbox"/> Barbadian   | <input type="checkbox"/> Icelandic | <input type="checkbox"/> Romanian               |
| <input type="checkbox"/> Belgian     | <input type="checkbox"/> Inuit     | <input type="checkbox"/> Russian                |
| <input type="checkbox"/> Canadian    | <input type="checkbox"/> Iranian   | <input type="checkbox"/> Scottish               |
| <input type="checkbox"/> Chinese     | <input type="checkbox"/> Irish     | <input type="checkbox"/> Serbian                |
| <input type="checkbox"/> Croatian    | <input type="checkbox"/> Israeli   | <input type="checkbox"/> Slovak                 |
| <input type="checkbox"/> Czech       | <input type="checkbox"/> Italian   | <input type="checkbox"/> Slovenian              |
| <input type="checkbox"/> Danish      | <input type="checkbox"/> Jamaican  | <input type="checkbox"/> South African          |
| <input type="checkbox"/> Dutch       | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Spanish                |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Jewish    | <input type="checkbox"/> Swedish                |
| <input type="checkbox"/> English     | <input type="checkbox"/> Korean    | <input type="checkbox"/> Swiss                  |
| <input type="checkbox"/> Estonian    | <input type="checkbox"/> Latvian   | <input type="checkbox"/> Syrian                 |
| <input type="checkbox"/> Filipino    | <input type="checkbox"/> Lebanese  | <input type="checkbox"/> Trinidadian/Tobagonian |

Finnish

First Nations

French

Lithuanian

Macedonian

Maltese

Métis/Michif

Mexican

Ukrainian

Vietnamese

Not sure

I prefer not to answer

Ethnicity(ies) not listed (please specify):

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## Race

People are often described as belonging to a certain “race” based on how others see and behave toward them. Notions 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 that 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 single racialized group. In our society, people are often described by their race or racial background.

### 9. Which racial group(s) best describes you? Select all that apply.

- Black** (e.g., African, Afro-Caribbean, African-Canadian descent)
- East Asian** (e.g., Chinese, Korean, Japanese, Taiwanese descent)
- Indigenous** (e.g., First Nations, Métis, Inuit descent)
- Latino/Latina/Latinx** (e.g., 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 including English, Scottish, Welsh, Ukrainian, Russian, etc.)
- A racial group(s) not listed above (Please specify):

## Religion, Creed, Spiritual Affiliation, or Belief

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. Islamophobia and anti-Semitism are examples of the way religion can be racialized.

### 10. Indicate any religion, creed, spiritual affiliation, or belief with which your child identifies? Select all that apply.

- Agnostic
- Atheist
- Buddhist
- Christian (e.g. Catholic; Protestant – Anglican, United, Baptist, Lutheran, Pentecostal, etc.; Orthodox; Jehovah's Witness)
- Hindu
- Indigenous Spirituality
- Jewish
- Muslim
- Sikh
- Spiritual, but not religious
- No religious or spiritual affiliation
- Religion(s), creed(s), spiritual affiliation(s), or belief(s) not listed above (please specify):  
\_\_\_\_\_
- Not sure
- I do not understand the question
- I prefer not to answer

## 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 gender 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, and does not determine, a person's sexual orientation.

### 11. What is your gender identity? Select one answer only.

- Boy/man
- Gender fluid (of, relating to, or being a person whose gender identity or expression changes or shifts along the gender spectrum)
- Gender nonconforming (not being in line with the cultural associations made in a given society about a person's gender assigned at birth.)
- Girl/woman
- Non binary (refers to a person whose gender identity does not align with the binary concept of gender such as man (boy) or woman (girl).)
- Questioning (refers to a person who is unsure about their own gender identity)
- Two-spirit (an Indigenous person whose gender identity or spiritual identity includes masculine, feminine or non-binary spirits)
- Not sure
- I do not understand this question
- I prefer not to answer
- Gender identity(ies) not listed above (please specify): \_\_\_\_\_

### 12. Do you identify as transgender?

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

## Sexual Orientation

Sexual orientation refers to a person's sense of sexual interest and attraction to people of the same or different gender(s). It covers the range of human sexuality and is different from gender identity.

### 13. What is your sexual orientation? Select one answer only.

- Asexual (a person that experiences no sexual attraction to others.)
- Bisexual (a person who is physically/sexually and emotionally attracted to more than one gender.)
- Gay (a person who is physically/sexually and emotionally attracted to someone of the same sex. The term "gay" typically refers to males, but in some contexts can be used for both males and females)
- Lesbian (a female who is attracted physically/sexually and emotionally almost exclusively to other females)
- Pansexual (a person who is attracted physically/sexually and emotionally to others, without being limited by sex or gender identity.)
- Queer (the term "queer" refers to ideas, practices, persons or identities that go against the standards that form the heteronormative social model.)
- Straight (a person who is physically/sexually and emotionally attracted exclusively to someone of the opposite sex.)
- Two-spirit (an Indigenous person whose gender identity, sexual orientation, or spiritual identity includes masculine, feminine or non-binary spirits)
- Questioning (refers to a person who is unsure about their own sexual orientation.)
- Not sure
- I do not understand this question
- I prefer not to answer
- \_\_\_\_\_  
A sexual orientation not listed above (please specify):

## Disability, Chronic Health Issue, or Exceptionality

Some people identify as having a disability, chronic health issue, or exceptionality 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, chronic health issue, or exceptionality may be diagnosed or not diagnosed. It may be hidden or visible. Some students who have disabilities, chronic health issues, or exceptionalities may have a special plan at school to help them (Individual Education Plan or IEP), but some do not.

A disability, chronic health issue, or exceptionality 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, stores, or public places), negative attitudes, and barriers to information contribute to a person's experience of having a disability, chronic health issue, or exceptionality.

### 14. Do you consider yourself to be a person with a disability(ies), chronic health issue(s), or exceptionality(ies)?? Select one answer only.

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

### 15. If yes, select all that apply.

- Addiction(s)
- ADD/ADHD (Attention-deficit/hyperactivity disorder)
- Autism Spectrum Disorder (including Asperger's Syndrome)
- Blind or low vision (not corrected by glasses)
- Chronic health condition (e.g., asthma, chronic pain, cystic fibrosis, diabetes, epilepsy, spina bifida)
- Deaf or hard of hearing
- Developmental disability(ies)
- Fetal Alcohol Spectrum Disorder (FASD)
- Learning disability(ies) (e.g. dysgraphia, dyslexia, non-verbal, information processing, memory, etc.)
- Mental health disability(ies) (e.g. anxiety, depression, OCD, ODD, PTSD, etc.)
- Mobility
- Pain

- Other physical disability(ies) (e.g., cerebral palsy, muscular dystrophy, spinal cord injury, etc.)
- Speech impairment
- I prefer not to answer
- Any disability(ies) not listed (please specify): \_\_\_\_\_

## School Safety and Belonging

**16. Thinking about your experience at school this year, please select the degree to which you agree with the following statements. Select one response for each statement.** Response options: *Strongly agree, Somewhat agree, Neither agree or disagree, Somewhat disagree, Strongly disagree*

- a. I feel safe in the classroom.
- b. I feel safe outdoors.
- c. I feel safe in the hallways.
- d. I feel safe in the washroom.
- e. School is a place where I feel like I belong.
- f. My school is a welcoming place.
- g. In my school, I know who to go to for support.

## Socio-economic Status

These questions are about your parent(s)/guardian(s). Please answer to the best of your knowledge.

**17. How many adults do you live with who take care of you?**

- One
- Two
- Three
- Four
- I am living on my own
- I prefer not to answer

**18. Parent/Guardian 2 (if applicable) that you currently live with most of the time.**

**Please check your relationship to this person. (Select one answer only)**

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Relative
- Guardian
- Foster parent
- Friend
- A person not listed above (please specify):  
\_\_\_\_\_

**19. 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

**20. 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
- Retired
- Not sure

**21. Parent/Guardian 2 (if applicable)** that you currently live with most of the time.

**Please check your relationship to this person. (Select one answer only)**

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Relative
- Guardian
- Foster parent
- Friend
- A person not listed above (please specify):  
\_\_\_\_\_

**22. 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

**23. 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
- Retired
- Not sure

**24. Parent/Guardian 3 (if applicable) that you currently live with most of the time.**

**Please check your relationship to this person. (Select one answer only)**

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Relative
- Guardian
- Foster parent

- Friend
- A person not listed above (please specify):

\_\_\_\_\_

**25. 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

**26. 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
- Retired
- Not sure

**27. Parent/Guardian 4 (if applicable) that you currently live with most of the time.**

**Please check your relationship to this person. (Select one answer only)**

- Mother
- Father

- Stepmother
- Stepfather
- Grandparent
- Relative
- Guardian
- Foster parent
- Friend
- A person not listed above (please specify):  
\_\_\_\_\_

**28. 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

**29. 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



Retired

Not sure

***Thank you for taking the time to complete the TLDSB Student Census.***