

TLDSB Student Census Grades K-6

Introduction

Welcome to the student census for students in Kindergarten to Grade 6. We want to learn more about all students of TLDSB!

The information about your child and their classmates 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 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 your thoughts honestly.
5. Please complete a separate Student Census form for each child.

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.

Language(s) First Spoken

1. What is the first language(s) your child learned to speak? 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 child's Indigenous identity (such as Nation or community), please enter it into the space provided.

My child identifies 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. Was your child born in Canada?

Yes

No

6. If no, is your child 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. Does your child consider themselves 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 the ethnic or cultural origin(s) of your child? 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 |
| <input type="checkbox"/> Finnish | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Ukrainian |

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Macedonian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Maltese | <input type="checkbox"/> Not sure |
| | <input type="checkbox"/> Métis | <input type="checkbox"/> I prefer not to answer |
| | <input type="checkbox"/> Mexican | <input type="checkbox"/> Ethnicity(ies) not listed (please specify): |
| | | <input type="checkbox"/> _____ |

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 your child? Select all that apply.

- Black** (e.g., African, Afro-Caribbean, African-Canadian descent)
- East Asian** (e.g., Chinese, Korean, Japanese, Taiwanese descent)
- North American 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

11. What is your child’s gender identity? Select one answer only.

- Boy

- Girl
- My child identifies with another gender, it is: _____
- Not sure
- I do not understand this question
- I prefer not to answer

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.

12. Do you consider your child 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

13. 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

14. Thinking about your child's 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. My child feels safe in the classroom.
- b. My child feels safe outdoors.
- c. My child feels safe in the hallways.
- d. My child feels safe in the washroom.
- e. School is a place where my child feels like they belong.
- f. My child's school is a welcoming place.
- g. In my child's school, my child knows who to go to for support.

Socio-economic Status

15. How many adults that your child lives with take care of them?

- One
- Two

- Three
- Four
- I prefer not to answer

16. Parent/Guardian 1 that your child currently lives with most of the time.

Please check your child's relationship with this person. (Select one answer only)

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

17. 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

18. 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

19. Parent/Guardian 2 (if applicable) that your child currently lives with most of the time.

Please check your child's relationship with this person. (Select one answer only)

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

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
- Retired
- Not sure

22. Parent/Guardian 3 (if applicable) that your child currently lives with most of the time.

Please check your child's relationship with this person. (Select one answer only)

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

A person not listed above (please specify): _____

23. 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

24. 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

25. Parent/Guardian 4 (if applicable) that your child currently lives with most of the time.

Please check your child's relationship with this person. (Select one answer only)

- Mother
- Father
- Stepmother

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

26. 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

27. 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.