



Count Us In!

GEDSB Student Census

Grades 4-8

We want to know how you feel about school, so that we can support all students in having a positive school experience. Please answer the following questions honestly and to the best of your ability. Your answers will not be shared with others and will only be used to make our schools better for everyone. Thanks for helping out.

Tell us about yourself:

1. **Do you identify as Six Nations, First Nations, Métis, and/or Inuit?** *(If yes, select all that apply).*

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

2. **Which race category best describes you?** *(If you have a mixed background, select all that apply.)*

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.

- Black** - *(Examples: African, Afro-Caribbean, African-Canadian descent)*
- East/Southeast Asian** - *(Examples: Chinese, Korean, Japanese, Taiwanese; Filipino, Vietnamese, Cambodian, Thai, Indonesian descent)*
- Indigenous** - *(Examples: First Nations, Six Nations, Métis, Inuit descent)*
- Latino** - *(Examples: Latin American, Hispanic descent)*
- Middle Eastern** - *(Examples: Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)*
- South Asian** - *(Examples: South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean).*
- White** - *(Examples: European descent)*
- Another** _____



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

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

Listed are the most common ethnic/cultural origins in Grand Erie according to the 2016 Census and is not intended to be a complete list. If you are not represented, please use "Another" response.

- | | | |
|----------------------------------|-----------------------------------|-------------------------------------|
| <input type="radio"/> Canadian | <input type="radio"/> Italian | <input type="radio"/> Pakistani |
| <input type="radio"/> Indigenous | <input type="radio"/> Polish | <input type="radio"/> Mexican |
| <input type="radio"/> Mennonite | <input type="radio"/> Ukrainian | <input type="radio"/> Egyptian |
| <input type="radio"/> English | <input type="radio"/> Hungarian | <input type="radio"/> South African |
| <input type="radio"/> Scottish | <input type="radio"/> Belgian | <input type="radio"/> Armenian |
| <input type="radio"/> Irish | <input type="radio"/> Welsh | <input type="radio"/> Palestinian |
| <input type="radio"/> Filipino | <input type="radio"/> Portuguese | <input type="radio"/> Another _____ |
| <input type="radio"/> Dutch | <input type="radio"/> East Indian | |
| <input type="radio"/> French | <input type="radio"/> Chinese | |

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

- | | |
|---------------------------------|---|
| <input type="radio"/> Buddhist | <input type="radio"/> Sikh |
| <input type="radio"/> Christian | <input type="radio"/> Indigenous Spirituality |
| <input type="radio"/> Hindu | <input type="radio"/> No religion |
| <input type="radio"/> Jewish | <input type="radio"/> Another _____ |
| <input type="radio"/> Muslim | |

5. Do you have any of the following disabilities (challenges/difficulties)? *(Select all that apply)*

- | | |
|--|--|
| <input type="radio"/> Chronic health condition (e.g., epilepsy, cerebral palsy, spina bifida, cystic fibrosis, etc.) | <input type="radio"/> Mental health |
| <input type="radio"/> Developmental (e.g., Down syndrome, autism or general delay, etc.) | <input type="radio"/> Mobility (e.g., difficulty walking) |
| <input type="radio"/> Dexterity (e.g., difficulty using hands/fingers to grab/hold small objects, such as pencils or scissors) | <input type="radio"/> Pain (e.g., constant aches or discomfort caused by illness, injury or condition) |
| <input type="radio"/> Hearing | <input type="radio"/> Speech |
| <input type="radio"/> Learning | <input type="radio"/> Vision |
| <input type="radio"/> Memory | <input type="radio"/> Do not know |
| | <input type="radio"/> Another _____ |
| | <input type="radio"/> I have no disability. |



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6. Were you born in Canada?

- Yes (Go to Q7)
- No (Go to Q6a)

6 a) Are you currently:

- A Canadian citizen
- A refugee claimant
- An international student (enrolled through a study permit)
- Not sure
- A landed immigrant/permanent resident
- I do not understand this question

6 b) How long have you been in Canada?

- Less than 6 months
- 2-5 Years
- 6 months to one year
- More than 5 Years
- 1-2 Years

6 c) What country were you born? _____

7. In your home do you have: (Select all that apply)

- A room of your own
- A guest room
- A link to the Internet
- A musical instrument
- A subscription to a streaming service (i.e. Netflix, CraveTV)
- Air conditioning

8. How many of the following are in your home:

	None	One	Two	Three or more
Cell phones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Televisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computers/Tablets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rooms with a bath or shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Tell us about your school:

9. How do you feel about your school?

	Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
My school is a friendly and welcoming place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I belong in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along well with other students in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted by students in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel accepted by other adults in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My teachers care about me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School rules are applied to me in a fair way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In my school, I get the help I need to do well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. At my school, I am encouraged to think or learn about human rights/social justice issues related to:

	Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
Gender Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race, ethnicity and culture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. At my school, I see myself/my identity reflected positively in:

	Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
Pictures or posters in the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays of student work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials teachers use in class (e.g., books and videos).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topics we study in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extra-curricular activities (e.g., sports, arts activities, clubs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special events and celebrations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School publications (e.g., yearbooks, newspapers, websites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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12. 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)

- Don't like school/school is not important
- Extracurricular activities (e.g., sports, dance)
- Family reasons (e.g., need to help out at home)
- Family transportation late or not available (e.g., car trouble, parent sick or running late)
- Fear of being bullied
- Not getting along with adults at school
- Not getting along with other students
- Need to work
- Public transit late or cancelled (e.g., bus, taxi)
- School bus late or cancelled
- School parking lot traffic (e.g., kiss and ride)
- Sickness, illnesses, medical condition
- Medical treatment, hospital stay or medical visits
- Too tired
- Unhappy and/or anxious
- Weather
- Never late or absent

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