ADSB Student Voice

Grades 7 – 12 Survey Instructions

Algoma District School Board
Census & Well-Being Survey

The Algoma District School Board (ADSB) invites every student to complete the **ADSB Student Voice Survey** – a system-wide Student Census and Well-Being Survey.

The purpose of the survey is to better understand your experiences in school and outside of school. Participation in this survey is voluntary. However the higher the completion rate, the richer and more reliable the information will be for school improvement and program planning.

Some reminders before you start:

- You were provided with an individualized survey code. Please use this code at the beginning of the survey.
- This survey should take up to 30 minutes to complete.
- This is not a test – there are no wrong answers, just what is right for you. Take your time to answer each question completely and think about what is true for yourself.
- If you do not understand any questions, please ask your teacher for help. It is important that you answer the questions on your own and not discuss them with other students.
- Your answers will be kept private and confidential. No one at your school will read or have access to your personal information or responses.
- All questions are voluntary. You can choose not to answer any question by skipping it or selecting "Prefer not to Answer" and moving on to the next question.
- Answering questions related to personal well-being can impact people in different ways. If after completing the survey you have a concern or would like to speak to someone about something that is worrying you, you can:
    - Speak with your teacher, Principal or another caring adult at your school.
    - Speak with an Elder, community mentor/support worker.
    - Call the **Kids Help Phone** at 1-800-668-6868, text CONNECT to 686868, or download their**free** chat app *Always There*.

Thank you for your participation!

ADSB Student Voice: Part 1 – Student Census

Grades 7-12

(1) Your Survey Code: ___ ___ ___ ___ ___ ___

(2) Your Grade: 7 8 9 10 11 12 (Year 4) 12+ (Year 5+)

(3) Your School: _____

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

- ☐ American Sign Language
- ☐ Albanian
- ☐ Arabic
- ☐ Bengali
- ☐ Chinese
- ☐ Croatian
- ☐ Dari
- ☐ Dutch
- ☐ English
- ☐ Farsi
- ☐ French
- ☐ German
- ☐ Greek
- ☐ Gujarati
- ☐ Hebrew
- ☐ Hindi
- ☐ Hungarian
- ☐ Indigenous language(s)
  - ☐ Ojibwe
  - ☐ Cree
  - ☐ Other: _____
- ☐ Italian
- ☐ Korean
- ☐ Malayalam
- ☐ Polish
- ☐ Portuguese
- ☐ Punjabi
- ☐ Russian
- ☐ Serbian
- ☐ Somali
- ☐ Spanish
- ☐ Tagalog
- ☐ Tamil
- ☐ Ukrainian
- ☐ Urdu
- ☐ Vietnamese
- ☐ A language(s) not listed above (please specify): _____
- ☐ Not sure
- ☐ I prefer not to answer

(5) Do you identify as First Nations (status or non-status), Métis and/or Inuit in North America? Select all that apply.

☐ No ☐ Yes – First Nations ☐ Yes – Métis ☐ Yes – Inuit ☐ Prefer not to Answer

(6) Do you consider yourself to be Canadian?

☐ Yes ☐ No ☐ Not Sure

(7) What is your ethic or cultural origin(s)? Select all that apply.

- ☐ Anishinaabe
- ☐ Arabic
- ☐ 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
- ☐ Ojibwe
- ☐ Pakistani
- ☐ Polish
- ☐ Portuguese
- ☐ Russian
- ☐ Scottish
- ☐ Somali
- ☐ Sri Lankan
- ☐ Syrian
- ☐ Ukrainian
- ☐ Other (please specify): _____
- ☐ I prefer not to answer

(8) In our society, people are often described by their race or racial background. Which racial group(s) best describes your child? Select all that apply.

- ☐ Black *(African, Afro-Caribbean, African-Canadian descent)*
- ☐ East Asian *(Chinese, Korean, Japanese, Taiwanese descent)*
- ☐ Indigenous *(First Nations, Métis, Inuit descent)*
- ☐ Latino/Latina/Latinx *(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)*
- ☐ A racial group(s) not listed above. (please specify): _____
- ☐ I prefer not to answer.

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

- ☐ Agnostic
- ☐ Atheist
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Indigenous Spirituality
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Spiritual, but not religious
- ☐ No religious or spiritual affiliation
- ☐ Religion(s) or spiritual affiliation(s) not listed above (please specify): _____
- ☐ Not sure
- ☐ I do not understand this question.
- ☐ I prefer not to answer.

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, which may or may not be the same as the person's sex assigned at birth.

(10) What is your gender identity?

- ☐ Boy/man
- ☐ Girl/woman
- ☐ 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 sex assigned at birth.)*
- ☐ Non-Binary *(Refers to a person whose gender identify does not align with the binary concept of gender such as a man or woman.)*
- ☐ Questioning *(Refers to a person who is unsure about their gender identity.)*
- ☐ Trans boy or man *(Refers to a person whose gender identity differs from one associated with their birth assigned sex.)*
- ☐ Trans girl or woman *(Refers to a person whose gender identity differs from one associated with their birth assigned sex.)*
- ☐ Two-Spirit *(An Indigenous person whose gender identify, spiritual identity or sexual orientation includes masculine, feminine or non-binary qualities.)*
- ☐ Gender identity(ies) not listed above (please specify): _____
- ☐ Not sure
- ☐ I do not understand this question
- ☐ I prefer not to answer

(11)What is your sexual orientation?

- ☐ Straight / heterosexual *(A person who is attracted to someone of the opposite sex.)*
- ☐ Lesbian *(A female-identified person who is emotionally and sexually attracted to female identified people.)*
- ☐ Gay (*A person who experiences attraction to people of the same sex and/or gender.)*
- ☐ Bisexual *(A person who experiences attraction to both male-identified and female identified people.)*
- ☐ Two-Spirit *(An Indigenous person whose gender identify, spiritual identity or sexual orientation includes masculine, feminine or non-binary qualities.)*
- ☐ Queer *(A term used by some in LGBTQ communities, particularly youth, as a symbol of pride and affirmation of diversity)*
- ☐ Questioning *(Refers to a person who is unsure about their own sexual orientation)*
- ☐ Asexual *(A person who does not experience sexual attraction)*
- ☐ Pansexual *(A person who experiences attraction to people of diverse sexes and/or genders.)*
- ☐ A sexual orientation(s) not listed above (please specify): _____
- ☐ Not sure
- ☐ I do not understand this question
- ☐ I prefer not to answer

(12)Do you consider yourself to be a person with a disability(ies)? (Select one answer only)

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

<u>If you selected "yes" to question (12)</u>, select all that apply:

- ☐ Addiction(s)
- ☐ Autism Spectrum Disorder
- ☐ Blind or low vision
- ☐ Deaf or hard of hearing
- ☐ Developmental disability(ies)
- ☐ Learning disability(ies)
- ☐ Mental health disability(ies)
- ☐ Mobility
- ☐ Pain
- ☐ Physical disability(ies)
- ☐ Speech impairment
- ☐ Any disability(ies) not listed above (please specify): _____

(13)Were you born in Canada?

☐ Yes ☐ No

<u>If you selected "no" in question 13</u>, are you currently:

- ☐ 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.

(14)Who is the **Parent/Guardian** that you currently live with most of the time? Please check your 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): _____
- ☐ I'm living on my own
- ☐ I prefer not to answer.

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
- ☐ I prefer not to answer.

What is this person's employment status? (Select all that apply)

- ☐ Works full-time
- ☐ Works part-time
- ☐ Self-employed (e.g. has own business)
- ☐ Looking for work
- ☐ Stay- at-home parent/guardian
- ☐ Retired
- ☐ Not sure
- ☐ I prefer not to answer.

What is this person's job or occupation? _____

- ☐ Not sure
- ☐ I prefer not to answer.

(15) Is there a second parent/guardian that lives with you most of the time?

☐ Yes ☐ No

If you selected "yes" in question 15, please complete question 16.

If you selected "no" in question 15, please skip question 16 and move to Part 2 (page 6).

(16)Who is the second **Parent/Guardian** that you currently live with most of the time? Please check the relationship of this person to you. (Select one answer only.)

- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Grandparent
- ☐ Relative
- ☐ Guardian
- ☐ Foster parent
- ☐ Friend
- ☐ A person not listed above (please specify): _____
- ☐ I'm living on my own
- ☐ I prefer not to answer.

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
- ☐ I prefer not to answer.

What is this person's employment status? (Select all that apply)

- ☐ Works full-time
- ☐ Works part-time
- ☐ Self-employed (e.g. has own business)
- ☐ Looking for work
- ☐ Stay- at-home parent/guardian
- ☐ Retired
- ☐ Not sure
- ☐ I prefer not to answer.

What is this person's job or occupation? _____

- ☐ Not sure
- ☐ I prefer not to answer.

ADSB Student Voice: Part 2 – Well-Being Survey

Grades 7-12

SAFE & ACCEPTING SCHOOLS / EQUITY & INCLUSION

(1) How do you feel about this school? Please rate your level of agreement with each of the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure	Prefer not to Answer
This school is a welcoming place.	☐	☐	☐	☐	☐	☐
There is at least one caring adult at my school who supports me.	☐	☐	☐	☐	☐	☐
I feel safe at this school.	☐	☐	☐	☐	☐	☐
I feel safe on my way to and from school.	☐	☐	☐	☐	☐	☐
I feel like I belong.	☐	☐	☐	☐	☐	☐
I feel accepted by students.	☐	☐	☐	☐	☐	☐
I feel accepted by adults.	☐	☐	☐	☐	☐	☐
I have friends who support me.	☐	☐	☐	☐	☐	☐
Differences among all people are respected.	☐	☐	☐	☐	☐	☐
I feel like my culture and identity are welcomed.	☐	☐	☐	☐	☐	☐
My culture and identity are represented in teaching and learning (e.g. books, lessons, resources, examples, displays, discussions).	☐	☐	☐	☐	☐	☐

Bullying behaviour is **targeted** toward an individual with an **intention to do harm** and is **repeated** over time. Bullying is not a one time issue. Bullying behaviour includes actions that are meant to hurt another person's feelings or to put a person down.

(2) During the past year, at your school, how often have you:

	Never	Rarely	Sometimes	Often	All the Time	Prefer not to Answer
Worried about being bullied?	☐	☐	☐	☐	☐	☐
Stayed away or wanted to stay away from school to avoid being bullied?	☐	☐	☐	☐	☐	☐
Been physically bullied (e.g. hit, kicked, tripped or punched, stolen property)?	☐	☐	☐	☐	☐	☐
Been verbally bullied (e.g. others have said negative things to or about you, threats)?	☐	☐	☐	☐	☐	☐
Been socially bullied (e.g. left you out of groups, spreading rumours)?	☐	☐	☐	☐	☐	☐
Been cyber bullied (e.g. online, hurtful comments/pictures on social media)?	☐	☐	☐	☐	☐	☐

(3) Please rate your level of agreement with each of the following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure	Prefer not to Answer
There is an adult at this school that I would feel comfortable speaking to about bullying.	☐	☐	☐	☐	☐	☐
I am satisfied with the steps my school takes to address bullying and harassment.	☐	☐	☐	☐	☐	☐

(4) "Feeling safe" means feeling comfortable, relaxed, and not worried that someone or something could harm you physically or emotionally. Are there any places at school where you do not feel safe?

☐ Yes ☐ No ☐ Prefer not to Answer

If you selected "yes" in question 4:

Where do you not feel safe? Please select all that apply.

- ☐ Lunchroom / cafeteria or eating area
- ☐ School washrooms
- ☐ Classrooms
- ☐ Gym
- ☐ Gym change rooms
- ☐ School buses
- ☐ School grounds
- ☐ School entrance / exits
- ☐ Hallways
- ☐ Prefer not to answer
- ☐ Other: _____

(5) In the last 2 years, have any of the following topics/issues been discussed in your class or school?

	Yes	No	Unsure	Prefer not to Answer
The Holocaust	☐	☐	☐	☐
Bullying	☐	☐	☐	☐
Black History	☐	☐	☐	☐
Treaties	☐	☐	☐	☐
Residential Schools / Truth & Reconciliation	☐	☐	☐	☐
The Indian Act	☐	☐	☐	☐
LGBTQ2S+ - Gender Identity & Sexual Orientation	☐	☐	☐	☐

POSTIVE MENTAL HEALTH / HEALTHY SCHOOLS

(6) On an average school day, outside of regular school hours, how much time do you usually spend on each of the following activities?

	None	Less than 1 hour	1-2 hours	3-4 hours	5-6 hours	7 hours or more	Prefer not to answer
Screen Time (e.g. on social media [e.g. Instagram, Snapchat etc], playing computer/video games, watching TV or videos [including Netflix, YouTube])	☐	☐	☐	☐	☐	☐	☐
Participating in physical activity (e.g. sports, athletics, walking, biking)	☐	☐	☐	☐	☐	☐	☐

(7) On average, how many hours do you usually sleep on a school night?

- ☐ Less than 4 hours
- ☐ 4 – 5 hours
- ☐ 6 – 7 hours
- ☐ 8 – 9 hours
- ☐ 10 or more hours
- ☐ Prefer not to answer

(8) How often do you:

	Never	Rarely	Sometimes	Often	All the Time	Not Sure	Prefer not to answer
Feel happy?	☐	☐	☐	☐	☐	☐	☐
Feel nervous, worried or anxious?	☐	☐	☐	☐	☐	☐	☐
Feel connected to others?	☐	☐	☐	☐	☐	☐	☐
Feel irritable or angry?	☐	☐	☐	☐	☐	☐	☐
Feel physically well?	☐	☐	☐	☐	☐	☐	☐
Feel tired or exhausted?	☐	☐	☐	☐	☐	☐	☐
Feel good about yourself?	☐	☐	☐	☐	☐	☐	☐
Feel overwhelmed or stressed out?	☐	☐	☐	☐	☐	☐	☐
Feel positive about your future?	☐	☐	☐	☐	☐	☐	☐

(9) Do you know how to access mental health services and supports?

☐ Yes ☐ No ☐ Prefer not to Answer

(10) In the last 12 months, how many times have you talked to a **non-school based** professional (e.g. doctor, counsellor, social worker, psychologist, spiritual leader, Elder) about your mental health?

☐ Not at All
☐ Once
☐ 2 or 3 times
☐ 4 or 5 times
☐ 6 to 9 times
☐ 10 or more times
☐ Prefer not to Answer

(11) In the last 12 months, how many times have you talked to a **school based** professional (e.g. counsellor, mental health worker) about your mental health?

☐ Not at All
☐ Once
☐ 2 or 3 times
☐ 4 or 5 times
☐ 6 to 9 times
☐ 10 or more times
☐ Prefer not to Answer

(12) In the last 12 months, have you phoned a telephone crisis helpline or gone on a website (such as "KidsHelpPhone.ca") because you needed to talk to a counsellor about a problem?

☐ Yes, I've phoned a helpline only.
☐ Yes, I've posted a question on a website only.
☐ Yes, I've phoned a helpline and posted a question on a website.
☐ No
☐ Prefer not to Answer

(13) In the past 12 months, how often have you used the following substances?

	Never	Once	Once a Week	At Least Once a Day	Prefer not to Answer
Drank Alcohol	☐	☐	☐	☐	☐
Smoked Tobacco Cigarettes	☐	☐	☐	☐	☐
Vaped Nicotine	☐	☐	☐	☐	☐
Used Cannabis	☐	☐	☐	☐	☐
Used Other Drugs	☐	☐	☐	☐	☐

Thank you for your participation in this survey.