ADSB Student Well-Being Survey

Survey Instructions (Grades 7-12)

All students are invited to complete the **ADSB Student Well-Being Survey**.

The purpose of the ADSB Student Well-Being Survey is to better understand your experiences in school. This information will be used to improve your school experience and help promote an environment of respect, safety, and belonging for all students.

Some reminders before you start:

- This survey is voluntary, and your answers will be kept private and confidential. No one at your school will read or have access to your responses.
- This survey should take up to 20 minutes to complete.
- This is not a test – there are no wrong answers, just what is right for you.
- You may skip any question by choosing, "**Prefer not to answer**" and moving on to the next one.
- 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.
- 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, guidance counsellor, school counsellor, Indigenous Graduation Coach, Principal or another caring adult at your school.
    - Speak with your parents/guardians, an Elder, community mentor/support worker, close adult relative
    - 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 Well-Being Survey

Grades 7 – 12

(1) What grade are you in? 7 8 9 10 11 12

(2) What school do you attend? _____

SAFE & ACCEPTING SCHOOLS

(3) 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.	☐	☐	☐	☐	☐	☐
School rules are applied to me in a fair way.	☐	☐	☐	☐	☐	☐
There is at least one caring adult at my school who supports me.	☐	☐	☐	☐	☐	☐
I feel welcome by my teacher(s) when I return from an absence.	☐	☐	☐	☐	☐	☐
I feel safe at this school.	☐	☐	☐	☐	☐	☐
I feel safe on the way to and from school.	☐	☐	☐	☐	☐	☐
There is an adult that I would feel comfortable speaking to about bullying.	☐	☐	☐	☐	☐	☐
I am satisfied with the steps my school take to address bullying and harassment.	☐	☐	☐	☐	☐	☐

Bullying behaviour is **targeted** toward an individual with an **intention to do harm** and is **repeated** over time.

(4) 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)?	☐	☐	☐	☐	☐	☐

(5) Have you been bullied at your current school?

○ Yes ○ No ○ Prefer not to Answer

If yes….

(5b) What do you think the bullying was related to? Please select all that apply.

- ○ My gender/gender identity
- ○ My cultural or racial background
- ○ My Indigenous background (e.g. First Nation, Métis or Inuit)
- ○ My first language
- ○ A disability I have
- ○ My grades or marks
- ○ My appearance and/or clothing
- ○ My religion or faith
- ○ My family's level of income
- ○ My sexual orientation
- ○ My family structure
- ○ I don't know
- ○ Prefer not to answer
- ○ Other reason(s) _____

(6) Are there any places at school where you do not feel safe?

○ Yes ○ No ○ Prefer not to Answer

If yes….

(6b) Where do you not feel safe? Please select all that apply.

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

EQUITY & INCLUSION

(7) 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
I feel like I belong.	☐	☐	☐	☐	☐	☐
I feel accepted by students.	☐	☐	☐	☐	☐	☐
I feel accepted by adults.	☐	☐	☐	☐	☐	☐
Differences among all people are respected.	☐	☐	☐	☐	☐	☐
I feel like my race, culture, ethnicity, and identity are welcomed.	☐	☐	☐	☐	☐	☐
I feel like my religion or faith is welcomed.	☐	☐	☐	☐	☐	☐
My culture and identities are represented in teaching and learning (e.g. books, lessons, resources, examples, displays, discussions, events, celebrations, etc.).	☐	☐	☐	☐	☐	☐
I feel like my gender, gender identity, and sexual orientation are welcomed.	☐	☐	☐	☐	☐	☐

(7b) If you answered "Disagree" or "Strongly Disagree" to, "I feel like I belong.", please answer the following:

What are some reasons why you do not feel like you belong at school?

(8) Have you ever felt unwelcome or uncomfortable at your school?

○ Yes ○ No ○ Prefer not to Answer

If yes….

(8b) Why have you felt unwelcome at your school? Please select all that apply to you.

- ○ My gender or gender identity
- ○ My race, culture, or ethnicity
- ○ My religion or faith
- ○ My Indigenous background (e.g. First Nation, Métis or Inuit
- ○ My first language
- ○ A disability I have (visible or non-visible)
- ○ My grades or marks
- ○ My appearance and/or clothing
- ○ My family's level of income
- ○ My sexual orientation
- ○ My family structure
- ○ I don't know
- ○ Prefer not to answer
- ○ Other reason(s) _____

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

	Yes	No	Unsure	Prefer not to Answer
2SLGBTQIA+ (Gender Identity & Sexual Orientation)	☐	☐	☐	☐
Anti-Racism & Racism	☐	☐	☐	☐
Black History	☐	☐	☐	☐
Bullying	☐	☐	☐	☐
Importance of attending school	☐	☐	☐	☐
Mental Health	☐	☐	☐	☐
Residential Schools	☐	☐	☐	☐
The Holocaust	☐	☐	☐	☐
The Indian Act	☐	☐	☐	☐
Treaties	☐	☐	☐	☐

POSTIVE MENTAL HEALTH

(10) In an average school day, <u>outside of regular school hours</u>, 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
Recreational Screen Time (e.g. on social media [e.g. Instagram, Snapchat, TikTok, etc], playing computer/video games, watching TV or videos [including Netflix, YouTube])	☐	☐	☐	☐	☐	☐	☐
Participating in physical activity (e.g. sports, athletics, walking, biking, dance, yoga, etc.)	☐	☐	☐	☐	☐	☐	☐

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

☐ Less than 4 ☐ 4 to 5 ☐ 6 to 7 ☐ 8 or more ☐ Prefer not to answer

(12)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 well rested?	☐	☐	☐	☐	☐	☐	☐
Feel good about yourself?	☐	☐	☐	☐	☐	☐	☐
Feel overwhelmed or stressed out?	☐	☐	☐	☐	☐	☐	☐
Feel positive about your future?	☐	☐	☐	☐	☐	☐	☐

(13) Do you know how to access mental health services and supports? Select all that apply.

☐ Yes – in my school (e.g. counsellor, mental health worker)
☐ Yes – in my community (e.g. doctor, counsellor, social worker, psychologist, Elder, spiritual leader)
☐ No ***(GO TO QUESTION 14)***

If you answered "Yes – in my school", (13b): 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 ○ 2 or 3 times ○ 6 to 9 times ○ Prefer not to Answer
○ Once ○ 4 or 5 times ○ 10 or more times

If you answered "Yes – in my community", (13c): In the last 12 months, how many times have you talked to a **community (non-school) based** professional (e.g. doctor, counsellor, social worker, psychologist, Elder, spiritual leader) about your mental health?

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

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

☐ Yes ☐ No ☐ Prefer not to Answer

(15) What are the main reasons for your absences when you don't attend school? Select all that apply.

☐ Health Reasons (e.g., cold, flu, appointment, chronic condition, hospital stay)
☐ Mental health issues (e.g., anxiety, depression)
☐ Family responsibilities (e.g., taking care of a family member)
☐ Work obligations (e.g. scheduled to work at a job)
☐ Lack of interest in the subject
☐ Difficulty understanding the material
☐ Assignments or exams due in other classes
☐ Incomplete assignments or homework
☐ Transportation Problems (e.g., missed bus, car trouble, weather)
☐ Uncomfortable classroom environment
☐ Conflicts with other students
☐ Conflicts with teacher(s)
☐ Lack of engagement or motivation
☐ Sports Tournament (not a school team)
☐ School Activities (e.g. field trips, school teams)
☐ Want to hang out with other students who are not in class
☐ Cultural Activities or Religious/Faith Holidays
☐ Travel or Vacations
☐ Does not Apply - I never miss class.
☐ Other: _____

HEALTHY SCHOOLS

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

	Never	Once or twice a year	A few times throughout the year	Not every day, but several times every month (e.g. weekends)	Daily	Prefer not to Answer
Alcohol	☐	☐	☐	☐	☐	☐
Tobacco Cigarettes	☐	☐	☐	☐	☐	☐
Vapes / E-Cigaretes	☐	☐	☐	☐	☐	☐
Cannabis (in any form)	☐	☐	☐	☐	☐	☐
Other Drugs	☐	☐	☐	☐	☐	☐
Caffeine/Energy Drinks (e.g. Monster, Prime, Red Bull, etc.)	☐	☐	☐	☐	☐	☐

(17) Do you know how to access support for substance and addiction? Select all that apply.

☐ Yes – in my school ☐ Yes – in my community ☐ No ***(GO TO QUESTION 18)***

If you answered "Yes – in my school", (17b): In the last 12 months, how many times have you talked to a **school based** professional (e.g. counsellor, mental health worker, teacher) about your substance use?

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

If you answered "Yes – in my community", (17c): In the last 12 months, how many times have you talked to a **community (non-school) based** professional (e.g. doctor, counsellor, social worker, psychologist, Elder, spiritual leader) about your substance use?

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

DEMOGRAPHIC QUESTIONS

As a reminder, all questions are anonymous. No one will be able to identify you from your responses.

(18)What is the first language you learned to speak at home?

○ English ○ French ○ Other (Please Specify): _____ ○ Prefer not to answer.

(19)Do you self-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

(20)Do you identify as a racialized person (e.g. Black, Indigenous, Southeast Asian etc)?

☐ Yes ☐ No ☐ Prefer not to Answer

If yes…. (20b): What race do you identify as? _____

(21) What is your sexual orientation? Select all that apply.

☐ Heterosexual / Straight
☐ Another sexual orientation (e.g. Asexual, Bisexual, Gay, Lesbian, Queer, Questioning, Two-Spirit etc).
☐ Prefer not to answer.

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

☐ Female / Girl / Woman
☐ Male / Boy / Man
☐ Another Gender Identity (e.g. Gender Fluid, Non-Binary, Questioning, Transgender, Two-Spirit etc)
☐ Prefer not to answer

(23)After completing this survey, are there any other issues impacting your success or well-being at school that you would like to share? If yes, please explain.

INDIGENOUS STUDENT WELL-BEING

Only answer questions 24-29 if you selected First Nation, Métis or Inuit in question 19.

(24) Please rate your level of agreement with each of the following statements:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure	Prefer not to Answer
Having cultural activities and programming in school are important to me and my success in education.	☐	☐	☐	☐	☐	☐
Being out on the land is important to myself and my learning.	☐	☐	☐	☐	☐	☐
Having a space to engage in my culture, smudging, drumming and learning from Elders & Knowledge Keepers is important to my success in education.	☐	☐	☐	☐	☐	☐
Having Elders, Senators and/or Community Knowledge Keepers in the school is important to me.	☐	☐	☐	☐	☐	☐
Learning my Indigenous language at school is important to me.	☐	☐	☐	☐	☐	☐
I feel I have opportunities to be an Indigenous student leader in my school.	☐	☐	☐	☐	☐	☐
I have opportunities to participate in Indigenous cultural activities at school.	☐	☐	☐	☐	☐	☐
I have opportunities to learn about Indigenous history, culture and world views at school.	☐	☐	☐	☐	☐	☐

(25) Does your school have a culture room?

☐ Yes ☐ No ☐ Not Sure ☐ Prefer not to answer

If yes…. (25b): Is the culture room a place that feels safe?

☐ Yes – Strongly Agree ☐ No – Disagree ☐ Prefer not to answer
☐ Yes – Agree ☐ No – Strongly Disagree

If No (Disagree or Disagree), (25c): Why do you not feel safe in your culture room?

(26) Are you aware of the ADSB Northern Indigenous Youth Council (NIYC) at your school?

☐ Yes I am aware and I have been involved in the NIYC.
☐ Yes I am aware of the NIYC, but I have not been involved in the NIYC.
☐ No I am not aware of the NIYC.

(27) What supports have you accessed in the past? Select all that apply.

☐ School Indigenous Graduation Coach	☐ Community Mental Health Workers
☐ School Guidance Counsellor	☐ Community Counsellors
☐ Student Success Teacher	☐ Community Elders or Knowledge Keepers
☐ School and Attendance Counsellor	☐ None of the Above
☐ Community Support Workers in the school	☐ Other: _____
☐ Community Tutors or After-School Programs	

(28) What other supports would you need for your success and well-being?

(29) Please share any barriers that make it difficult to access existing supports.