ADSB Student Voice

Kindergarten – Grade 6 Survey Instructions

Algoma District School Board
Census & Well-Being Survey

The Algoma District School Board (ADSB) invites every parent with a student in Kindergarten to grade 6 to complete the **ADSB Student Voice Survey** – a system-wide Student Census and Well-Being Survey. As the parent/guardian of a child in Kindergarten to grade 6, we are asking you to complete this survey **on behalf of your child**.

The purpose of the survey is to better understand your child's 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 your child's 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 and your child. Please take the time to discuss some of the questions with your child prior to answering, particularly the questions in Part 2: Student Well-Being Survey.
- 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.
- Your answers will be kept private and confidential. No one at your school will read or have access to your personal information or responses.
- 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 regarding your child's responses, you can:
    - Speak with your child's 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

Kindergarten – Grade 6

(1) Your Child's Survey Code: ___ ___ ___ ___ ___ ___

(2) Your Child's Grade: JK SK 1 2 3 4 5 6

(3) Your Child's School: _____

(4) What is the first language(s) your child first learned? 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) Does your child 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

(6) Do you consider your child to be Canadian?

☐ Yes ☐ No ☐ Not Sure

(7) What is your child's 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

In our society, people are often described by their race or racial background.

(8) 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 child's 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 child's gender?

- ☐ 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)Does your child have a disability(ies)? (Select one answer only)

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

If you selected "yes" in question (11), 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): _____

(12)Was your child born in Canada?

☐ Yes ☐ No

If you selected "no" in question 12, is your child 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.

(13)Who is the first **Parent/Guardian** that the child currently lives with most of the time? Please check the relationship of this person to your child. (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.

(14) Is there a second parent/guardian that lives with your child most of the time?

☐ Yes ☐ No

If you selected "yes" in question 14, please complete question 15.

If you selected "no" in question 14, please skip question 15 and move to Part 2 (page 6).

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

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

Kindergarten – Grade 6

SAFE & ACCEPTING SCHOOLS / EQUITY & INCLUSION

For this next set of questions, please discuss with your child and provide your child's response to each question.

(1) How does **your child** feel about this school? Please rate your child's 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 my child.	☐	☐	☐	☐	☐	☐
My child feels safe at this school.	☐	☐	☐	☐	☐	☐
My child feels safe on my way to and from school.	☐	☐	☐	☐	☐	☐
My child feels like they belong.	☐	☐	☐	☐	☐	☐
My child feels accepted by students.	☐	☐	☐	☐	☐	☐
My child feels accepted by adults.	☐	☐	☐	☐	☐	☐
My child has friends at schools who supports him/her.	☐	☐	☐	☐	☐	☐
Differences among all people are respected.	☐	☐	☐	☐	☐	☐
My child feels like their culture and identity are welcomed.	☐	☐	☐	☐	☐	☐
My child's 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 school, how often has your child:

	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 child's 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 my child would feel comfortable speaking to about bullying.	☐	☐	☐	☐	☐	☐
My child is satisfied with the steps my school takes to address bullying and harassment.	☐	☐	☐	☐	☐	☐

(4) Are there any places at school where your child does not feel safe?

☐ Yes ☐ No ☐ Prefer not to Answer

If you selected "yes" in question 4:

Where does your child 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: _____

POSTIVE MENTAL HEALTH / HEALTHY SCHOOLS

(5) On an average school day, outside of regular school hours, how much time does your child 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)	☐	☐	☐	☐	☐	☐	☐

(6) On average, how many hours does your child 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

(7) How often does your child:

	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 themselves?	☐	☐	☐	☐	☐	☐	☐
Feel overwhelmed or stressed out?	☐	☐	☐	☐	☐	☐	☐
Feel positive about their future?	☐	☐	☐	☐	☐	☐	☐

(8) As a parent/guardian, do you know how to access mental health services and supports for your child?

☐ Yes ☐ No ☐ Prefer not to Answer

Thank you for your participation in this survey.