

“Know Me” Student Census

Dear Student:

The purpose of the *WECD SB Student Census* is to better understand our students and their school communities, identify and eliminate barriers to student success, and develop effective programs, supports and resources to best meet student needs and promote student well-being, achievement and success.

Our goal is to ensure school environments are welcoming to all identities, cultures, races, ethnicities, abilities, gender and religions. The questions and answer choices on the census are informed by and based on the recommendations by the Ministry of Education, Ontario’s Education Equity Action Plan, the Data Standards for the Identification and Monitoring of Systemic Racism, the *Ontario Human Rights Commission*, and the 2016 Canadian Census.

The data and information that you provide for the *Student Census* is collected under the authority of the Education Act, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and is aligned with Ontario’s Anti-Racism data Standards and the Ontario Human Rights Code. The *Student Census* is voluntary. You can skip questions if you do not wish to provide a response or you can choose not to participate at all. However, your participation is important and we want to hear from as many students as possible.

The data and information you provide for the *Student Census* is not anonymous; however, your responses to the census questions will be kept private and confidential. The data and information you provide to the census will be linked to our Student Information System that stores other data related to student achievement, attendance, and discipline data. This will allow us to understand better how we can more effectively enhance student success and well-being for ALL students. Completing the *Student Census* is separate from the collection of Indigenous self-identification data.

To protect the privacy and confidentiality of students and their families, any report of findings from the *Student Census* will only contain data about groups of students and not individual students. Individual student data or information from the *Student Census* will never be released.

The *Student Census* will take you about 15 minutes to complete. Please answer the questions honestly and accurately. If you have any questions please contact your school Principal. If at any time you feel you need emotional support, please let your teacher know.

We want to thank you for taking the time to complete the *Student Census*; we very much value your input!

Grade 9-12 Census

Would you like to complete the Student Census?

Yes

No

Indigenous Identity

Do you identify as First Nations, Metis, and/or Inuit? (If yes, select all that apply)

No

Yes, First Nations

Yes, Metis

Yes, Inuit

Not Sure

Prefer not to answer

Ethnic Identity

What is the first language(s) or dialect(s) you learned to speak as a child. Please select one of the options whenever possible before writing in the textbox.

- | | | |
|---|--|---|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Italian | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Karen | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Assyrian Neo-Aramaic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Tagalog (Pilipino, Filipino) |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Kurdish Kurmanji | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Lundaape | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Chaldean Neo-Aramaic | <input type="checkbox"/> Macedonian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Creole/Patois | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Nepali | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Ojibwe | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> English | <input type="checkbox"/> Oji-Cree | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Oneida | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> German | <input type="checkbox"/> Persian (Farsi) | <input type="checkbox"/> Not Listed Here (Please specify) |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Portuguese | |
| <input type="checkbox"/> Hebrew | <input type="checkbox"/> Punjabi (Panjabi) | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Romanian | <input type="checkbox"/> Not Sure |
| | <input type="checkbox"/> Russian | <input type="checkbox"/> Prefer not to answer |

Do you consider yourself a Canadian?

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

What is your ethnic or cultural origin(s)? (Choose all that apply) Please select one of the options whenever possible before writing in the textbox.

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> African | <input type="checkbox"/> English | <input type="checkbox"/> Macedonian |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Eritrean | <input type="checkbox"/> Maltese |
| <input type="checkbox"/> American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Metis |
| <input type="checkbox"/> Arab | <input type="checkbox"/> First Nations | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Austrian | <input type="checkbox"/> French | <input type="checkbox"/> Nigerian |
| <input type="checkbox"/> Belgian | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Norwegian |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> German | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Chaldean | <input type="checkbox"/> Greek | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Congolese | <input type="checkbox"/> Irish | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Italian | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Korean | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> East Indian | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Sudanese |
| | | <input type="checkbox"/> Swiss |

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Welsh | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Ukrainian | <input type="checkbox"/> Not listed here
(Please Specify) | |
-

Race

Which race category best describes you? (Select all that apply).

Note: 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. Race is often confused with ethnicity, but there can often be several ethnicities within a racialized group. If you have multiple racial backgrounds, select as many racial backgrounds as applicable.

- Black (African, Afro-Caribbean, African-Canadian descent)
- East Asian (Chinese, Korean, Japanese, Taiwanese descent)
- Indigenous (First Nations, Metis, Inuit)
- Latino (Non-White Latin American, Hispanic descent)
- Middle Eastern (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- South-Asian (South-Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indi-Caribbean)
- South-East Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other South-East Asian descent)
- White/European
- Other race category not described above (enter answer_____)
- Not Sure
- Prefer not to answer

Religion or Spiritual Affiliation

What is your religion and/or spiritual affiliation?

Note: People can be treated differently based on their religion, or perceived religion, which can lead to negative impacts and unequal outcomes. Islamophobia and anti-semitism are examples of the way religion can be racialized. People can experience racism not only based on skin colour but also other perceived characteristics that are associated with religion.

- | | |
|--|--|
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Atheist |
| <input type="checkbox"/> Christian Non-Catholic | <input type="checkbox"/> Agnostic |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Another religion or spiritual belief
(Please specify)
_____ |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Do not identify with a religion or
spirituality |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Sikh | |
| <input type="checkbox"/> Indigenous Spirituality | |

Gender Identity

What is your gender identity?

Note: 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 congruent with one's biological sex. It is different from and does not determine a person's sexual orientation (Ontario Human Rights Code).

- Girl/woman
- Boy/man
- I see myself as a gender identity/(ies) not listed here (please specify) _____
- Not sure
- Prefer not to answer

Sexual Orientation

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

Note: According to the Ontario Human Rights Code, sexual orientation is a personal characteristic that forms part of who you are. It covers a range of human sexuality from lesbian and gay, to bisexual and heterosexual.

As a Catholic educational institution, WECDSB acknowledges and respects the Church's position on sexual orientation. Sexual orientation is one of the protected grounds of the Ontario Human Rights Code, meaning it is against the law to discriminate against or harass someone on the basis of their sexual orientation. WECDSB recognizes that each individual's human dignity must be respected and protected in this regard.

- | | |
|--|---|
| <input type="checkbox"/> Straight/heterosexual | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Prefer to describe _____ |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Not Sure |
| | <input type="checkbox"/> Prefer not to answer |

Disability

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

Note: "Disability" covers a broad range and degree of conditions, some visible and some non-visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, mental health disabilities and addictions, environmental sensitivities, and other conditions. (Ontario Human Rights Code). Having a disability is the perception of the individual and is not necessarily linked to official documentation. A person's disability may be diagnosed or not diagnosed. It may be hidden or visible.

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |

Please select the disabilities that apply to you.

Note: The response(s) you choose will be kept confidential. The data collected in any way cannot be traced back to any student

- Physical disability
- Mental health disability

- Autism Spectrum Disorder
- Blind or low vision
- Deaf or hard of hearing
- Addiction(s)
- Developmental disability/intellectual/cognitive impairment
- Learning disability/(ies)
- Mobility
- Pain
- Speech/language impairment
- Any disability not listed above (please specify) _____
- Not Sure
- Prefer not to answer

Status in Canada

Were you born in Canada?

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

If no, are you currently:

- A Canadian Citizen
- An international student (enrolled through a study permit)
- A landed immigrant/permanent resident

- A refugee claimant
- Not Sure
- Prefer not to answer

Socio-economic Status

The next set of questions ask you about your primary caregivers. A caregiver is a person who takes care of you. Caregivers can be your parents, grandparents, foster parents, guardians, siblings etc.

Consider your 1st caregiver. What is your relation to this person?

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Legal guardian
- Relative (e.g. Aunt/Uncle)
- Foster Parent
- Friend(s)
- I live on my own
- Sibling
- A person not listed above (please specify) _____
- Not Sure
- 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
- Prefer not to answer

What is this person's employment status? (Select one answer only)

- Works full-time
- Works part-time
- Self-employed (for example, has own business)
- Looking for work
- Stay-at-home parent/guardian
- Parental leave
- Retired
- Employment status not listed above (Please specify) _____
- Not sure
- Prefer not to answer

Consider your 2nd caregiver (if applicable). What is your relation to this person?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Legal guardian |
| <input type="checkbox"/> Father | <input type="checkbox"/> Relative (e.g. Aunt/Uncle) |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> I live on my own |

Sibling

Not Sure

A person not listed above (please specify) _____

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

Prefer not to answer

What is this person's employment status? (Select one answer only)

Works full-time

Works part-time

Self-employed (for example, has own business)

Looking for work

Stay-at-home parent/guardian

Parental leave

Retired

Employment status not listed above (Please specify)

Not Sure

Prefer not to answer

Consider your 3rd caregiver (if applicable). What is your relation to this person?

Mother

Friend(s)

Father

I live on my own

Stepmother

Sibling

Stepfather

A person not listed above (please specify) _____

Grandparent

Not Sure

Legal guardian

Prefer not to answer

Relative (e.g. Aunt/Uncle)

Foster Parent

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

Prefer not to answer

What is this person's employment status? (Select one answer only)

- Works full-time
- Works part-time
- Self-employed (for example, has own business)
- Looking for work
- Stay-at-home parent/guardian
- Parental leave
- Retired
- Employment status not listed above (Please specify) _____
- Not sure
- Prefer not to answer

Consider your 4th caregiver (if applicable). What is your relation to this person?

- | | |
|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Friend(s) |
| <input type="checkbox"/> Father | <input type="checkbox"/> I live on my own |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> A person not listed above (please specify) _____ |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Legal guardian | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Relative (e.g. Aunt/Uncle) | |
| <input type="checkbox"/> Foster Parent | |

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
- Prefer not to answer

What is this person's employment status? (Select one answer only)

- Works full-time
- Works part-time
- Self-employed (for example, has own business)
- Looking for work
- Stay-at-home parent/guardian
- Parental leave
- Retired
- Employment status not listed above (Please specify) _____
- Not sure
- Prefer not to answer

Reflection

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

	Never	Rarely	Sometimes	Often	Consistently
Pictures, posters or displays of student work					
Materials educators use in class (e.g., books, videos)					
Topics we study in class					
Extra-curricular activities (e.g., sports, arts, activities, clubs)					
Special events and celebrations					

How do you feel about your school?

	Strongly disagree	Somewhat disagree	Neither agree not disagree	Somewhat agree	Strongly agree
I feel I belong in this school					
I feel accepted by other students in my school					
I feel accepted by the adults in my school					
My teachers care about me					
In my school, I get the help I need to do well					

Please use this space to share with us any information we should know about you towards enhancing your success and well-being within the Windsor-Essex Catholic District School Board.