

## ***“Know Me” Student Census***

Dear Student:

The purpose of the *WECDSB 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. 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 Pilot

Would you like to complete the Student Census?

Yes

No

Please select your school from the drop-down list below.

Assumption College Catholic High School

Catholic Central High School

Which grade are you in this year?

Grade 9

Grade 10

Grade 11

Grade 12

## 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

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

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)**

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> American      | <input type="checkbox"/> German      | <input type="checkbox"/> Romanian                            |
| <input type="checkbox"/> Arab          | <input type="checkbox"/> Greek       | <input type="checkbox"/> Scottish                            |
| <input type="checkbox"/> Austrian      | <input type="checkbox"/> Hungarian   | <input type="checkbox"/> Spanish                             |
| <input type="checkbox"/> Belgian       | <input type="checkbox"/> Iraqi       | <input type="checkbox"/> Swedish                             |
| <input type="checkbox"/> Canadian      | <input type="checkbox"/> Irish       | <input type="checkbox"/> Swiss                               |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Italian     | <input type="checkbox"/> Syrian                              |
| <input type="checkbox"/> Colombian     | <input type="checkbox"/> Jamaican    | <input type="checkbox"/> Ukrainian                           |
| <input type="checkbox"/> Croatian      | <input type="checkbox"/> Korean      | <input type="checkbox"/> Vietnamese                          |
| <input type="checkbox"/> Danish        | <input type="checkbox"/> Lebanese    | <input type="checkbox"/> Welsh                               |
| <input type="checkbox"/> Dutch         | <input type="checkbox"/> Maltese     | <input type="checkbox"/> Not listed here<br>(Please Specify) |
| <input type="checkbox"/> East Indian   | <input type="checkbox"/> Metis       | _____  |
| <input type="checkbox"/> English       | <input type="checkbox"/> Norwegian   | <input type="checkbox"/> Not Sure                            |
| <input type="checkbox"/> Filipino      | <input type="checkbox"/> Palestinian | <input type="checkbox"/> Prefer not to<br>answer             |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Polish      |  |
| <input type="checkbox"/> French        | <input type="checkbox"/> Portuguese  |  |

**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.*

- 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"/> Do not identify with a faith or belief |
| <input type="checkbox"/> Hindu                   | <input type="checkbox"/> Another religion (Please specify)      |
| <input type="checkbox"/> Jewish                  | _____   |
| <input type="checkbox"/> Muslim                  | <input type="checkbox"/> Not Sure                               |
| <input type="checkbox"/> Sikh                    | <input type="checkbox"/> Prefer not to answer                   |
| <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 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"/> Questioning              |
| <input type="checkbox"/> Asexual               | <input type="checkbox"/> Two-Spirit               |
| <input type="checkbox"/> Bisexual              | <input type="checkbox"/> Prefer to describe _____ |
| <input type="checkbox"/> Gay                   | <input type="checkbox"/> Not Sure                 |
| <input type="checkbox"/> Lesbian               | <input type="checkbox"/> Prefer not to answer     |
| <input type="checkbox"/> Queer                 |   |

## 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.*

Yes

Not Sure

No

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

**Identify one parent/caregiver that you currently live with, most of the time. What is your relation to this person?**

- |   |   |
|---|---|
| <input type="checkbox"/> Mother                     | <input type="checkbox"/> Foster Parent                                    |
| <input type="checkbox"/> Father                     | <input type="checkbox"/> Friend(s)  |
| <input type="checkbox"/> Stepmother                 | <input type="checkbox"/> I live on my own                                 |
| <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) |   |



**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 all that apply)**

- 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

**If you have a second parent/caregiver that you currently live with, most of the time, what is your relation to this person?**

- |   |   |
|---|---|
| <input type="checkbox"/> Mother                     | <input type="checkbox"/> Foster Parent                                    |
| <input type="checkbox"/> Father                     | <input type="checkbox"/> Friend(s)  |
| <input type="checkbox"/> Stepmother                 | <input type="checkbox"/> I live on my own                                 |
| <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) |   |

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- Did not complete any formal education
- Elementary School
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- 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

**Please rate how strongly you agree or disagree with each of the following statements:**

	Strongly Agree	Somewhat Agree	Neither agree nor disagree	Somewhat Disagree	Strongly Disagree
I enjoyed completing this census survey					
I understand why this information is being collected					
I feel that I am heard and my identity will be recognized					

**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.**