



English

Speak this Introduction:



WRDSB's Student Safe, Caring and Inclusive School Survey

The Waterloo Region District School Board would like to learn more about the lives of students in our schools. The best way to do this is to ask YOU about your life in school and outside of school.

It has been a long time since we, the grown-ups that are in charge of schools, were your age so we need you to be our "teachers". To learn more about you, we would like to ask you some questions about how you think and feel about things in your life and about what you like to do.

Here are some things to know before getting started:

1. This is **not a test!** There are **no right or wrong answers**. Some people think or feel one thing and other people think or feel something else. We want to know what you think and how you feel. Your answers are **VERY IMPORTANT** and will help us make better activities and programs for students your age.

2. It is **your choice** to fill out the survey. You can choose not to fill out the survey at any time before, or while you are working on it and you will not get in trouble or lose marks. Because the survey is not linked to your name, we will not be able to delete your answers after you submit. You don't have to answer any questions you don't want to and you can skip any questions. You can stop taking the survey at any time by clicking on the "Withdraw from this survey" button on the bottom of every page.

3. It is important for you to know that **ALL OF YOUR ANSWERS** that you put in this survey will be **confidential (private)** and will **not** be shared with your teachers, principal, parents, family or your friends. Please answer each question the best you can.

4. Your school will receive a report that puts together your answers with all the students in your school. These results can help them better understand what it is like to be a student in your school, and even improve things to make it feel safer, more caring, and include everyone! In past years, we also needed to share the average results of students at your school with the public. We ensured that no individual responses or personal information was shared.

Thank you for your help!

The questions that we are asking you are from the Middle Years Development Instrument from the University of British Columbia.



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Would you like to take this survey?

Yes: Start Survey

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Quick review before you start (check all the boxes to confirm):

I understand this survey does not count for school marks

I understand I can stop doing the survey at any time

I understand I can skip a question

I understand this is confidential (private)

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English

Please tell us a little bit about yourself.

What grade are you in?

Elementary

Grade 4

Grade 5

Grade 6

Middle

Grade 7

Grade 8

Secondary

Grade 9

Grade 10

Grade 11

Grade 12

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English ▾

What school do you attend?

▾

What year were you born?

▾

Which of these adults do you live with most of the time? (*Check all adults you live with.*)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Second mother (two mothers) |
| <input type="checkbox"/> Father | <input type="checkbox"/> Second father (two fathers) |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Part time with each parent |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Foster parent(s) or caregiver(s) |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Other adults |
| <input type="checkbox"/> Grandfather | |

How many siblings do you have?

- | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 or more |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Gender identity is a person's sense of being a boy/man, a girl/woman, both, neither or having another identity on the gender spectrum. A person's gender identity may be different from the sex that was identified for them when they were born (such as female, intersex, or male). For more information about gender identities, you can read the [Ontario Public Service Glossary on Gender Identity](#).

What is your gender identity? You can select more than one answer.

<input type="checkbox"/> Female/Girl	<input type="checkbox"/> Non-binary
<input type="checkbox"/> Gender fluid	<input type="checkbox"/> Trans
<input type="checkbox"/> Gender non-conforming	<input type="checkbox"/> Two-spirit
<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Intersex	<input type="checkbox"/> A gender not listed above (please specify)
	<input type="text"/>
<input type="checkbox"/> Male/Boy	

Some people identify as having a disability that makes it difficult for them to feel good and work well at school or in their community. Disabilities may be felt in the body or in the mind. It may be hidden or visible. Some students who have disabilities may have a special plan at school to help them (an Individual Education Plan or IEP), but some do not.

Do you consider yourself to be a person with a disability?

Yes

No

Not sure

Prefer not to answer

First Nations, Métis (Michif) and Inuit are the terms used to identify Indigenous people in the land now known as Canada. To identify as an Indigenous person in this survey, you do not need to have documents or papers to prove that you are First Nations, Métis (Michif) and Inuit.

Do you identify as First Nations, Métis (Michif) and/or Inuit? You can select more than one answer.

<input type="checkbox"/> No	<input type="checkbox"/> Inuit
<input type="checkbox"/> First Nations	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Métis (Michif)	

In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East Asian," etc.

Note: many people identify with more than one racial group. You may select more than one response. For example, if you identify as bi-racial or of mixed race, please select all the categories that apply from the list below.

Which racial group(s) best describe(s) you? You can select more than one answer.

Black (i.e. African, African-Caribbean/Black Caribbean, African Canadian, other Black identified descent)

East Asian (i.e. Chinese, Korean, Japanese, Taiwanese, other East Asian descent)

First Nations

Inuit

Latino/Latina/Latinx (i.e. Latin American, Hispanic, other Latinx descent)

Métis (Michif)

Middle Eastern/North African/West Asian (i.e. Afghan, Algerian, Arab, Egyptian, Iranian, Israeli, Kurdish, Lebanese, Persian, Syrian, Turkish, other Middle Eastern/North African/West Asian descent)

Southeast Asian (i.e. Cambodian, Filipino, Indonesian, Thai, Vietnamese, other Southeast Asian descent)

South Asian (i.e. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, other South Asian descent)

White (i.e. European descent, other white identified descent)

Prefer not to answer

A racial group not listed above, please specify:

Next

What is the first language you learned at home? You can select more than one answer.

<input type="checkbox"/> Albanian	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Russian
<input type="checkbox"/> Amharic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Serbian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign language (incl. ASL & LSQ)
<input type="checkbox"/> Chinese (incl. Mandarin & Cantonese)	<input type="checkbox"/> Kurdish	<input type="checkbox"/> Somali
<input type="checkbox"/> Croatian	<input type="checkbox"/> Lao	<input type="checkbox"/> Spanish
<input type="checkbox"/> Dari	<input type="checkbox"/> Low German	<input type="checkbox"/> Swahili
<input type="checkbox"/> Dutch	<input type="checkbox"/> Malayalam	<input type="checkbox"/> Tagalog (Philippino; Filipino)
<input type="checkbox"/> English	<input type="checkbox"/> Nepali	<input type="checkbox"/> Tamil
<input type="checkbox"/> First Nations, Métis (Michif), or Inuit language	<input type="checkbox"/> Pashto	<input type="checkbox"/> Telugu
<input type="checkbox"/> French	<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Turkish
<input type="checkbox"/> German	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> Greek	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Punjabi	<input type="checkbox"/> A language or languages not listed above.
<input type="text"/>		
<input type="checkbox"/> Hindi	<input type="checkbox"/> Rohingya	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Hmong	<input type="checkbox"/> Romanian	

Which language(s) do you speak at home? You can select more than one answer.

<input type="checkbox"/> Albanian	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Russian
<input type="checkbox"/> Amharic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Serbian
<input type="checkbox"/> Arabic	<input type="checkbox"/> Korean	<input type="checkbox"/> Sign language (incl. ASL & LSQ)
<input type="checkbox"/> Chinese (incl. Mandarin & Cantonese)	<input type="checkbox"/> Kurdish	<input type="checkbox"/> Somali
<input type="checkbox"/> Croatian	<input type="checkbox"/> Lao	<input type="checkbox"/> Spanish
<input type="checkbox"/> Dari	<input type="checkbox"/> Low German	<input type="checkbox"/> Swahili
<input type="checkbox"/> Dutch	<input type="checkbox"/> Malayalam	<input type="checkbox"/> Tagalog (Philippino; Filipino)
<input type="checkbox"/> English	<input type="checkbox"/> Nepali	<input type="checkbox"/> Tamil
<input type="checkbox"/> First Nations, Métis (Michif), or Inuit language	<input type="checkbox"/> Pashto	<input type="checkbox"/> Telugu
<input type="checkbox"/> French	<input type="checkbox"/> Persian (Farsi)	<input type="checkbox"/> Turkish
<input type="checkbox"/> German	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> Greek	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Gujarati	<input type="checkbox"/> Punjabi	<input type="checkbox"/> A language or languages not listed above.
<input type="text"/>		
<input type="checkbox"/> Hindi	<input type="checkbox"/> Rohingya	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Hmong	<input type="checkbox"/> Romanian	

How difficult is it for you to read in English?

Very hard <input type="radio"/>	Hard <input type="radio"/>	Easy <input type="radio"/>	Very easy <input type="radio"/>
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Were you born in Canada?

Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>
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English ▾

INSTRUCTIONS

If you do not understand a question, please raise your hand and **ask for help**.

Make sure you **understand** the question and the answer options **before** you answer.

Here are sample questions for practice.

These questions ask you how much you agree or disagree with the statement.

I don't like to eat pizza

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------


I like to eat carrots.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

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Let's start now!

Remember, there are no right or wrong answers!

I have more good times than bad times.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I believe more good things than bad things will happen to me.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------


I start most days thinking I will have a good day.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

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In general, I like being the way I am.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

Overall, I have a lot to be proud of.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

A lot of things about me are good.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I feel unhappy a lot of the time.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I feel upset about things.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I feel that I do things wrong a lot.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
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In most ways my life is close to the way I would want it to be.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

The things in my life are excellent.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I am happy with my life.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

So far I have gotten the important things I want in life.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

If I could live my life over, I would have it the same way.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

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English ▾

Are there any adults who are **IMPORTANT TO YOU** at your **school**?

No Yes

If you answered 'Yes' to the question above, we would like you to put in the initial (the first letter in the person's first OR last name) for ALL of the adults who are **important to you** at your **school**. For example, if your teacher's name is Mr. Reed, you can just type an 'R' in the space, or if your supervision aide's name is Jane, you can just type in the letter 'J' in the space. You do not have to fill in all spaces.

Person 1

Person 2

Person 3

Person 4


Person 5

Person 6

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How true is each statement for you?

At my school, there is a teacher or another adult...

... who really cares about me.

Not at all true	A little true	Pretty much true	Very much true
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... who believes that I will be a success.

Not at all true	A little true	Pretty much true	Very much true
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... who listens to me when I have something to say.

Not at all true	A little true	Pretty much true	Very much true
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The next four questions are about your parents (or guardians) or other adults who live in your home. Parents can be biological parents, adoptive parents, step-parents, same-sex parents, or foster parents.

In my home, there is a parent or another adult...

... who believes that I will be a success.

Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
--	--	---	---

... who listens to me when I have something to say.

Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
--	--	---	---


...who I can talk to about my problems.

Not at all true <input type="radio"/>	A little true <input type="radio"/>	Pretty much true <input type="radio"/>	Very much true <input type="radio"/>
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English 

In my neighbourhood/community (not from your school or family), there is an adult...

... who really cares about me.

Not at all true	A little true	Pretty much true	Very much true
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... who believes that I will be a success.

Not at all true	A little true	Pretty much true	Very much true
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

... who listens to me when I have something to say.

Not at all true	A little true	Pretty much true	Very much true
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please answer the following questions about you and your friend(s) and your school.

I feel part of a group of friends that do things together.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I feel that I usually fit in with other kids around me.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

When I am with other kids my age, I feel I belong.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I have at least one really good friend I can talk to when something is bothering me.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I have a friend I can tell everything to.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

There is somebody my age who really understands me.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

English ▼

Teachers and students treat each other with respect in this school.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

People care about each other in this school.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

Students in this school help each other, even if they are not friends.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I feel like I belong in this school.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

I feel like I am important to this school.

Disagree a lot <input type="radio"/>	Disagree a little <input type="radio"/>	Don't agree or disagree <input type="radio"/>	Agree a little <input type="radio"/>	Agree a lot <input type="radio"/>
---	--	--	---	--------------------------------------

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The next questions ask about your health.

Sometimes children your age may feel that these kinds of questions are uncomfortable to answer. Remember you are helping us to learn more about the health of children your age in Canada.

In general, how would you describe your health?

Poor	Fair	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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English ▼

How often do you eat breakfast?

Never	Once a week	2 times a week	3 times a week	4 times a week	5 times a week	6 times a week	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do your parents or other adult family members eat meals with you?

Never	Once a week	2 times a week	3 times a week	4 times a week	5 times a week	6 times a week	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do you get a good night's sleep?

Never	Once a week	2 times a week	3 times a week	4 times a week	5 times a week	6 times a week	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What time do you usually go to bed during the weekdays?

Before 9:00pm	Between 9:00pm and 10:00pm	Between 10:00pm and 11:00pm	Between 11:00pm and midnight	After 12:00am/midnight
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The next questions are about activities that are organized. That is, the questions are about activities that are planned and supervised by a teacher, instructor, adult, coach or volunteer. We would like to know what you did after school last week.

During last week from after school to dinner time (about 3pm to 6pm), how many days did you participate in:

a) Educational lessons or activities (for example, tutoring, math, language school, or something else)?

Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b) Art or music lessons (for example, drawing, painting, playing a musical instrument, or something else)?

Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c) Youth organizations (for example, Scouts, Girl Guides, Boys and Girls Clubs, After School Care, or something else)?

Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d) Individual sports with a coach or instructor (for example, swimming, dance, gymnastics, tennis, skating, or something else)?

Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

e) Team sports with a coach or instructor (for example, basketball, hockey, soccer, football, or something else)?

Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

English

Important definition: Bully - There are a lot of different ways to bully someone, but a bully has some advantage (stronger, more popular, or something else), wants to hurt the other person (it's not an accident), and does so repeatedly (over and over again) and unfairly. Sometimes a group of students will bully another student. The next four questions might make you feel uncomfortable, but it is important for us to know. Please answer the questions honestly.

This school year, how often have you been bullied by other students in the following ways?

Physical bullying (for example, someone hit, shoved, or kicked you, spat at you, beat you up, or damaged or took things without permission).

Not at all this school year <input type="radio"/>	Once or a few times <input type="radio"/>	About every month <input type="radio"/>	About every week <input type="radio"/>	Many times a week <input type="radio"/>
--	--	--	---	--

Verbal bullying (for example, someone called you names, teased, embarrassed, threatened you, or made you do things you didn't want to do).

Not at all this school year <input type="radio"/>	Once or a few times <input type="radio"/>	About every month <input type="radio"/>	About every week <input type="radio"/>	Many times a week <input type="radio"/>
--	--	--	---	--

Social bullying (for example, someone left you out, excluded you, gossiped and spread rumours about you, or made you look foolish).

Not at all this school year <input type="radio"/>	Once or a few times <input type="radio"/>	About every month <input type="radio"/>	About every week <input type="radio"/>	Many times a week <input type="radio"/>
--	--	--	---	--

Cyberbullying (for example, someone used the computer or text messages to exclude, threaten, embarrass you, or to hurt your feelings).

Not at all this school year <input type="radio"/>	Once or a few times <input type="radio"/>	About every month <input type="radio"/>	About every week <input type="radio"/>	Many times a week <input type="radio"/>
--	--	--	---	--

This school year, have you experienced bullying where someone has made comments or insults referencing your ... ?

(select all that apply)

<input type="checkbox"/> Ancestry, Canadian citizenship or place of origin	<input type="checkbox"/> Language, accent, or manner of speaking
<input type="checkbox"/> Body image or appearance	<input type="checkbox"/> Race or skin colour
<input type="checkbox"/> Disability	<input type="checkbox"/> Religion, spirituality or beliefs
<input type="checkbox"/> Dress or style of clothing	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Family financial situation	<input type="checkbox"/> Something else
<input type="checkbox"/> Family status (Who's in your family and marital status)	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Gender identity or expression	

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English

How much do you agree with the following:

If I have questions or concerns about my mental health, I know about the supports that are available (for example, a help line or adults in my school)

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I am aware of these school-based mental health supports that are available to me.

(Select all that apply)

In School

- Teachers
- Child and Youth Workers (CYW)
- Principals and Vice Principals
- Guidance Counsellors
- Education Assistants
- Social Workers
- Social workers with an Indigenous Focus

Community Resources

- Kids Help Phone
- Black Youth Helpline
- Here 24/7
- Front Door
- Muslim Social Services
- OK2BME
- Kind Minds Family Wellness
- Trans Life line
- Southwest Ontario Aboriginal Health Access Centre

Congratulations, you have reached the final page of the survey! When you click "Finish Survey," your survey will be complete. You can still click "Withdraw from Survey" if you wish your responses to be deleted.

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Withdraw from Survey



Thank-you for taking the Safe, Caring and Inclusive School Survey.

A summary of the survey feedback will be reviewed by staff and shared with your school's Safe, Caring and Inclusive School Teams to support future actions to make school a better place for everyone.

As you go through this survey, some of the questions may have you thinking about your own worries or concerns, please know we are here to help.

Please talk to a trusting adult – parent, guardian, caregiver, teacher, child and youth worker, guidance counselor, school principal or any other school staff that you connect with.

If you do not wish to talk to anyone at home or at school, the following are resources you can reach out to:

Kids Help Phone at 1-800-668-6868, text 686868 - available 24/7

Black Youth Helpline at 1-833-294-8650 - available 9am-10pm

Hope for Wellness Helpline for all Indigenous people- 1-855-242-3310 (online chat also available)

LGBT Youthline- 1-647-694-4275- available Sunday-Friday 4:00-9:30pm (online chat also available)

Naseeha Muslim Mental Health Hotline- 1-866-627-3342- available 12pm-3am (online chat also available)

[Withdraw from Survey](#)