



THIS IS ME

Student Identity Survey 7-12



THIS IS ME

Tell us about yourself!

Participate Online April 29-May 10, 2019

The Near North District School Board is inviting all students in Grades 7-12 to participate in a system-wide survey entitled “This is Me”. We are committed to creating safe and positive spaces that respect and celebrate diversity for all our students.

This questionnaire will take approximately 20-30 minutes to complete and will help the NNDSB to:

- Better understand and respond to diverse student populations and communities.
- Identify and respond to barriers to student success, inclusion and well-being.
- Enhance the creation and distribution of programs and services.

Participation in the Student Survey is voluntary. However, the higher the completion rate, the richer and more reliable the information will be for school improvement and program planning.

Before you start the survey, there are some important things for you to know:

1. Take time to answer each question. There are no right or wrong answers.
2. If you require assistance, please reach out to your teacher.
3. This survey is voluntary, if you do not feel comfortable answering a question, skip the question and move on to the next one.

The student survey is confidential, while not anonymous. All collected responses will be stored in a secure, confidential database, and will only be accessed by authorized Research staff to identify and summarize trends among Near North students. The NNDSB is committed to the highest levels of privacy and confidentiality in collecting information about students and follows all privacy requirements. Individual student information will not be shared. Personal information is collected under the authority of the Education Act, RSO 1990, c. E-2, and in compliance with the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c. M-56. The personal information collected will be used for educational, and research purposes only.

Questions about the collection or use should be directed to your Principal of your School or Project Lead Karen Waller, Near North District School Board, 963 Airport Road, P.O. Box 3110, North Bay, PIB 8H1, telephone (705) 472-8170 or (800) 278-4922.

Please click on the link below to complete the survey.

Thank you for your participation!

Part A: Questions Connecting Me To School

1. At my school, I have opportunities to learn about my own cultural/racial background:

- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Not sure

2. At my school, I have opportunities to express my cultural identity:

- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Not sure

3. At my school, I have opportunities to learn about my own ability (e.g., physical, learning):

- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Not sure

4. At my school, I have opportunities to learn about different life situations (e.g., people living in poverty, people with disabilities):

- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Not sure

5. At my school, I feel people like me are reflected positively in pictures, posters, signs, and displays of work:

- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Not sure

6. At my school, I feel people like me are reflected positively in topics we study in class:

- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Not sure

7. At my school, I feel people like me are reflected positively in school events/activities (e.g., extra-curricular, celebrations, announcements)

- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Not sure

8. At my school, I feel people like me are reflected positively in clubs/organizations:

- Strongly disagree
- Disagree
- Agree
- Strongly Agree
- Not sure

9. Do you take part in any of the following types of activities outside the regular classroom? (Select all that apply or "No" if none apply)

- arts activities (e.g., visual arts, music, drama, dance)
- sports
- clubs
- cultural groups
- faith/religious activities
- volunteer activities
- learning another language
- learning activities (e.g., tutoring, Kumon, Oxford)
- No, I do not participate in activities outside the regular classroom

10. Are there any barriers that might prevent you from participating in the types of school activities listed in the previous question? (Select all that apply or "No" if none apply)

- transportation
- job
- Volunteer Work
- Gender Identity/Sexual Orientation
- caregiving
- comfort level
- I am already involved in activities outside of school
- financial
- No, I do not feel there are barriers preventing me from participating in school activities.

11. If you take part in activities outside of the regular classroom (e.g., job, volunteer work, sports, arts, caregiving, activities/clubs etc.) are there times when you feel these activities might interfere with your ability to learn at school?

- Never
- Rarely
- Sometimes
- All the time

12. Do you ever feel unwelcome or uncomfortable at your school because of any of the following? (Select all that apply or "No" if none apply)

- My gender identity
- My sexual orientation
- My race, culture, or skin colour
- My language
- My grades or marks
- Social/peer group
- The way I look
- My families level of income
- A disability I have
- The way I dress
- My hobbies, activities, and or interests
- No, I do not feel unwelcome or uncomfortable

13. If you had an issue or concern (e.g., school, health, friends, relationships) do you feel comfortable talking about it with:

- Teacher
- Guidance Counsellor
- Principal /Vice-principal
- Social Worker
- Friends
- Another Adult at school (e.g., office staff)
- Parent(s) / Guardian(s)
- Other family members or relatives
- No, I would not feel comfortable talking about it with anyone

Questions About Me (7-12)

1. *What is the first language (s) you learned to speak as a child? Select all that apply.*

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Greek | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Anishinaabemowin | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Indigenous language (drop down please specify) | <input type="checkbox"/> Hindi | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Italian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Malayalam | <input type="checkbox"/> A language not listed above (please specify): _____ |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> French | <input type="checkbox"/> Portuguese | <input type="checkbox"/> I do not understand this question |
| <input type="checkbox"/> German | <input type="checkbox"/> Punjabi | |
| | <input type="checkbox"/> Russian | |
| | <input type="checkbox"/> Serbian | |
| | <input type="checkbox"/> Somali | |

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

- No
- Yes, First Nations
- Yes, Métis
- Yes, Inuit

3. *If you wish, please share your specific Indigenous band or community. Please print in the box provided.*

4. *Do you consider yourself a Canadian? (You do not have to be born in Canada to think of yourself as Canadian)*

- Yes
- No
- Not sure

5. *What is your ethnic or cultural origin(s)?*

(For example: American, Anishinaabe, Arab, Bangladesh, Brazilian, Canadian, Chinese, Colombian, Cree, Dutch, East Indian, Egyptian, English, Filipino, French, French-Canadian, German, Greek, Guyanese, Haudenosaunee, Hungarian, Inuit, Iranian, Irish, Italian, Jamaican, Jewish, Korean, Lebanese, Métis, Mexican, Mi'kmaq, Nigerian, Ojibwe, Pakistani, Polish, Portuguese, Scottish, Somali, Sri Lankan, Syrian, Ukrainian, Welsh, etc.)

Specify as many ethnic or cultural origins as apply.

6. 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.

Which racial group(s) best describes you? If you have a mixed background 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 (East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- Southeast Asian (Cambodian, Filipino, Indonesian, Thai, Vietnamese, other Southeast Asian descent)
- White (European descent)
- A racial group not listed above. (please specify): _____

**People are often described as belonging to a certain “race” based on how others see and behave toward them. These ideas about who belongs to what race are usually based on physical features such as skin colour. Ideas about race are often imposed on people by others in ways which can affect their life experiences and how they are treated. Race is often confused with ethnicity, but there can often be several ethnicities within a racialized group.*

7. *What is your religion and/or spiritual affiliation, creed or belief? Select all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Agnostic (A person who thinks it's impossible to know if any God or Gods exist) | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Atheist (A person who does not believe in any God or Gods) | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Spiritual, but not religious |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religious or spiritual affiliation |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> A religion or spiritual affiliation not listed above (please specify) |
| <input type="checkbox"/> Indigenous Spirituality | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> I do not understand |

People can be treated differently based on their religion, or perceived religion, which can lead to negative impacts and unequal outcomes. Islamophobia and antisemitism 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.

8. *What is your gender identity*?*

- Woman/girl
- Man/boy
- Gender fluid (Referring to a person whose gender identity or expression changes or shifts along the gender spectrum.)
- Gender Non-conforming (That does not conform to what is culturally associated with a person's biological sex in a given society.)
- Non-Binary (Referring to a person whose gender identity does not align with a binary understanding of gender such as a man or woman.)
- Questioning (Referring to an individual who is unsure about their own gender identity or sexual orientation.)
- Transgender Woman/girl (A person whose gender identity differs from what is typically associated with the sex they were assigned at birth.)
- Transgender Man/boy (A person whose gender identity differs from what is typically associated with the sex they were assigned at birth.)
- Two-Spirit (A term used by some indigenous people to indicate a person whose gender identity, spiritual identity or sexual orientation comprises both male and female spirits.)
- A Gender identity not listed above (please specify):
- Not sure
- I do not understand this question
- I prefer not to answer

**A person's internal and deeply felt sense of being a man, a woman, both, neither or having another identity on the gender spectrum. A person's gender identity may be different from the sex assigned at birth e.g., female, intersex, male).*

9. *What is your sexual orientation*? Select all that apply.*

- Asexual (Referring to a person that experiences no sexual attraction to others.)
- Bisexual (A person who is sexually attracted to people of their sex and people of a different sex.)
- Gay (A person emotionally or sexually attracted almost exclusively to people of their sex.)
- Lesbian (A woman who is emotionally or sexually attracted almost exclusively to women.)
- Pansexual (Referring to a person who experiences sexual or romantic attraction for people, without being limited by sex or gender identity.)
- Queer (The term "queer" has been re-appropriated by LGBT communities in an attempt to transform it from an insult into a symbol of self-determination and freedom. It refers to ideas, practices, persons or identities that go against the standards that form the heteronormative social model.)
- Questioning (Refers to a person who is unsure about their own sexual orientation.)
- Straight/heterosexual
- Two-Spirit (A term used by some Indigenous people to indicate a person whose gender identity, spiritual identity or sexual orientation comprises both male and female spirits.)
- A sexual orientation not listed above (please specify):
- Not sure
- I do not understand this question
- I prefer not to answer

** Sexual orientation is a personal characteristic that forms part of who you are. It covers the range of human sexuality and is different from gender identity.*

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

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

11. If yes, select all that apply.

- Addiction(s)
- Autism
- Blind or low vision
- Deaf or hard of hearing
- Developmental
- Learning Disability
- Mental health disability
- Physical
- Speech impairment
- A disability not listed above (please specify):

**Disability is a term that covers a broad range and degree of conditions, some visible and others not (e.g., physical, mental, and learning disabilities; hearing or vision disabilities; epilepsy; environmental sensitivities). A disability may be present from birth, may be caused by an accident, or may develop over time.*

12. Were you born in Canada?

- Yes
- No

13. If no, are you currently:

- A Canadian Citizen
- International student (enrolled through a study permit)
- A landed immigrant/permanent resident
- Refugee claimant
- Not sure
- I do not understand this question