



TVDSB Everyone Belongs Student Survey

Grades 7 – 12+

INTRODUCTION

Thames Valley is collecting student identity information to learn more about the backgrounds of students. We want to gain a better understanding of who students are so that we can better support them. The information will be used to inform important decisions about programs, practices, and policies in TVDSB.

All school boards in Ontario are required by the Ministry of Education to offer this survey. The survey questions and answer choices have been provided by the Ministry of Education and are based on recommendations from the Data Standards for the Identification and Monitoring of Systemic Racism, the Ontario Human Rights Commission, the Canada Census, and community feedback.

The survey will ask about different parts of your identity. The way people identify might change throughout their life. **We are asking you to answer the questions based on how you identify at this time.**

The survey will take about 10 minutes to complete and is voluntary. **You are welcome to skip any questions that you don't know the answer to or that you don't wish to answer for any reason.** If you skip a question, you can still continue with the rest of the survey and your other answers will be kept. Even if you do not finish the survey, we will include your answers to the questions you did finish. If you decide that you do not want us to keep your responses to the survey, you can email us at everyonebelongs@tvdsb.ca until June 30, 2024 to let us know.

The survey is linked to the student ID number so that we can use the survey results to better understand outcomes and achievement for students of different identities. However, individual responses will be confidential, will not be shared with teachers, parents, or guardians, and no individual student or family will be identifiable in the sharing of the results.

If you have any questions, please contact us at everyonebelongs@tvdsb.ca or 519-452-2000 extension 20496. Thank you in advance for your support with this initiative!

Sometimes completing surveys like this impacts our mental health and well-being. If you need support:

- Talk with someone you trust
- Access a community mental health support from this list: <https://www.tvdsb.ca/en/students/resources/MH-WB/Community-Supports/Community-Mental-Health-Supports-for-Students.pdf>

When you have finished the survey, place it in the envelope provided and return it to your teacher.

Staff and Principals: Please return to Research and Assessment Services.



Please complete as much of the information on this page as possible:

Student First Name: _____

Student Last Name: _____

School Name: _____

Student Grade: _____

Student Birth Date (including year): _____

Student Number: _____

CONSENT

1. Would you like to complete this survey?

- Yes
- No

If you answered "No", please place your survey in the envelope provided and return it to your teacher.

If you answered "Yes", please go to question #2.

STUDENT INFORMATION

2. What is your grade? Select one answer only. [This question is required]

- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- Grade 12+

3. Write in the name of your school. [This question is required]



INDIGENOUS IDENTITY

4. Do you identify as First Nations, Métis, and/or Inuit? Select one answer only.

Answering the next two questions is not the same as self-identification through the TVDSB registration process. Visit the website for more information about self-identification: <https://www.tvdsb.ca/en/parents/indigenous-self-identification.aspx>

First Nations includes Status and Non-Status.

- Yes
- No
- I don't understand this question

5. If you answered yes to the above question, please specify if you identify as First Nations, Métis, and/or Inuit. Select all that apply.

- First Nations
- Métis
- Inuit
- I don't understand this question

ETHNICITY

6. What is your ethnic or cultural origin(s)? Specify all that apply.

Ethnic groups have a common identity, ancestry, or historical past, often with shared culture, language, and/or religion. The list provided is based on common responses from the Canada Census and previous TVDSB surveys.

- | | | | |
|---|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Cree | <input type="checkbox"/> Inuit | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> African | <input type="checkbox"/> Croatian | <input type="checkbox"/> Iranian | <input type="checkbox"/> Nepalese |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Danish | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Nigerian |
| <input type="checkbox"/> Algonquin | <input type="checkbox"/> Dutch | <input type="checkbox"/> Irish | <input type="checkbox"/> Norwegian |
| <input type="checkbox"/> American | <input type="checkbox"/> English | <input type="checkbox"/> Italian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Anishinaabe/
Ojibwe | <input type="checkbox"/> Filipino | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> Arab | <input type="checkbox"/> First Nations | <input type="checkbox"/> Japanese | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Austrian | <input type="checkbox"/> French | <input type="checkbox"/> Jewish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Belgian | <input type="checkbox"/> German | <input type="checkbox"/> Korean | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Greek | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Haudenosaunee /
Oneida | <input type="checkbox"/> Lunaape | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Maltese | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Indian | <input type="checkbox"/> Mennonite | <input type="checkbox"/> Somali |
| | | <input type="checkbox"/> Métis | <input type="checkbox"/> Spanish |



- | | | | |
|-------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Trinidadian | <input type="checkbox"/> Ethnicity(ies) not listed above
(please specify): _____ | <input type="checkbox"/> I don't understand this question |
| <input type="checkbox"/> Sudanese | <input type="checkbox"/> Turkish | | |
| <input type="checkbox"/> Swedish | <input type="checkbox"/> Ukrainian | | |
| <input type="checkbox"/> Swiss | <input type="checkbox"/> Vietnamese | | |
| <input type="checkbox"/> Syrian | <input type="checkbox"/> Welsh | | |

RACIAL IDENTITY

7. Which racial group(s) best describes you? Select all that apply.

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 a race can come from things like skin colour, eyes and hair. Race is often confused with ethnicity, but there can often be several ethnicities within a racialized group.

Please select all the racial groups that apply to you. If you identify as "mixed" or "bi-racial", please select all of the racial groups that apply.

- Black (e.g., African, African-Canadian, Afro-Caribbean)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese)
- Indigenous (e.g., First Nations, Inuit, Métis)
- Latina, Latino, or Latinx (e.g., Hispanic, Latin American)
- Middle Eastern, North African, or West Asian (e.g., Afghan, Algerian, Arab, Egyptian, Iranian, Kurdish, Lebanese, Moroccan, Persian, Turkish)
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)
- Southeast Asian (e.g., Cambodian, Filipino, Indonesian, Thai, Vietnamese)
- White (e.g., European)
- A racial group(s) not listed above (please specify): _____
- I don't understand this question

8. Do you identify as a racialized person or as a member of a racialized community? Select one answer only.

The Ontario Human Rights Commission describes communities facing racism as "racialized." Race is a social construct. Ideas of race are often placed on people by others. Recognizing that race is a social construct, the Commission describes people as "racialized person" or "racialized community" (Ontario Human Rights Commission).

- Yes
- No
- I don't understand this question



NEWCOMER TO CANADA

9. Did you move to Canada within the last 5 years? Select one answer only.

- Yes
- No
- I don't understand this question

LANGUAGE

The next two questions are asking about languages you can speak so people who know the language can understand. You should not indicate "yes" or select a language if you know or can speak just a few words in that language.

10. Do you speak more than one language fluently? Select one answer only.

- Yes
- No
- I don't understand this question

11. What language(s) do you speak fluently? Select all that apply.

The list provided is based on common responses from the Canada Census and previous TVDSB surveys.

- | | | |
|---|--|--|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Farsi | <input type="checkbox"/> Lunaape |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> French | <input type="checkbox"/> Malayalam |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> German | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Assyrian Neo-Aramaic | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Non-verbal |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Ojibwe |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Oji-Cree |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Oneida |
| <input type="checkbox"/> Chaldean Neo-Aramaic | <input type="checkbox"/> Italian | <input type="checkbox"/> Pashto |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Persian (Farsi) |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Karen | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Creole/Patois | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Korean | <input type="checkbox"/> Punjabi (Panjabi) |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Kurdish Kurmanji | <input type="checkbox"/> Russian |
| <input type="checkbox"/> English | <input type="checkbox"/> Low German/Plautdietsch | <input type="checkbox"/> Serbian |



- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Telugu | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Thai | <input type="checkbox"/> A language(s) not listed above (please specify): |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Turkish | _____ |
| <input type="checkbox"/> Tagalog (Pilipino, Filipino) | <input type="checkbox"/> Ukrainian | <input type="checkbox"/> I don't understand this question |
| <input type="checkbox"/> Tamil | <input type="checkbox"/> Urdu | |

RELIGION OR SPIRITUAL AFFILIATION

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

This question asks about people's beliefs or affiliation with a religion, creed, spirituality, other religiously defined community or system of belief and/or spiritual faith practices. Creed may include non-religious belief systems that, like religion, substantially influence a person's identity, worldview and way of life. Some of the choices below would be considered religions or spiritual affiliations while others are creeds or belief systems.

- | | |
|--|---|
| <input type="checkbox"/> Agnosticism/Agnostic | <input type="checkbox"/> Islam/Muslim |
| <input type="checkbox"/> Atheism/Atheist | <input type="checkbox"/> Paganism/Pagan |
| <input type="checkbox"/> Buddhism/Buddhist | <input type="checkbox"/> Sikhism/Sikh |
| <input type="checkbox"/> Christianity/Christian (e.g., Anglican, Catholic, Jehovah's Witness, Mennonite, Orthodox, Protestant) | <input type="checkbox"/> Spiritual, but not religious |
| <input type="checkbox"/> Hinduism/Hindu | <input type="checkbox"/> No religious or spiritual affiliation |
| <input type="checkbox"/> Indigenous Spirituality (First Nations, Métis, and/or Inuit) | <input type="checkbox"/> Religion(s) or spiritual affiliation(s) not listed above (please specify): |
| <input type="checkbox"/> Judaism/Jewish | _____ |
| | <input type="checkbox"/> I don't understand this question |

DISABILITY

13. Do you have a disability? Select one answer only.

A disability is a physical, mental, intellectual, or sensory condition, felt in the body or the mind, that may affect how a someone participates in school or work. Some disabilities are permanent, or last forever. Others might only last for a short time. Some disabilities may not be visible. Disabilities can make it difficult for someone to function in an environment that is not inclusive and accessible. 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.

- Yes
- No
- I don't understand this question



14. If you have a disability, what type(s) of disability do you have? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Attention-Deficit/Hyperactivity Disorder (ADD/ADHS) | <input type="checkbox"/> Mental health (e.g., Addiction, Anxiety, Depression, Eating Disorder) |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Physical (e.g., Movement, Long-term Pain) |
| <input type="checkbox"/> Developmental/Intellectual/Cognitive (e.g., Down Syndrome, Cerebral Palsy, Spina Bifida) | <input type="checkbox"/> Seeing (e.g., Blind, Low Vision) |
| <input type="checkbox"/> Hearing (e.g., Deaf or Hard of Hearing) | <input type="checkbox"/> Sensory |
| <input type="checkbox"/> Learning (e.g., Dyslexia, Memory, Reading Disability) | <input type="checkbox"/> Speech (e.g., Stuttering, Difficulty speaking) |
| <input type="checkbox"/> Medical or Long-term Health Conditions (e.g., Asthma, Diabetes, Cancer, Epilepsy, Covid-related) | <input type="checkbox"/> Disability not listed above (please specify): _____ |
| | <input type="checkbox"/> I don't understand this question |

GENDER IDENTITY

15. What is your gender identity? Select all that apply.

Gender identity is a person's internal sense or feeling of being a girl/woman, a boy/man, neither or anywhere on the gender spectrum. This may or may not be the same as the person's sex assigned at birth (e.g., female, male, intersex). It is different from and does not determine a person's sexual orientation.

For a glossary of terms related to gender identity: <https://www.ontario.ca/document/ontario-government-terminology/gender-identity-terms>

- | | | |
|---|--|--|
| <input type="checkbox"/> Agender | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Gender identity(ies) not listed above (please specify): _____ |
| <input type="checkbox"/> Boy/Man | <input type="checkbox"/> Pangender | _____ |
| <input type="checkbox"/> Gender Fluid | <input type="checkbox"/> Questioning | <input type="checkbox"/> I don't understand this question |
| <input type="checkbox"/> Gender Nonconforming | <input type="checkbox"/> Trans Boy or Man | |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Trans Girl or Woman | |
| <input type="checkbox"/> Girl/Woman | <input type="checkbox"/> Two-Spirit | |

2SLGBTQIA+ IDENTITY and SEXUAL ORIENTATION [students in Grades 7-12 only]

16. Do you identify as a 2SLGBTQIA+ person? Select one answer only.

2SLGBTQIA+ is an acronym. These letters stand for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, and more.

- Yes
 No
 I don't understand this question



17. What is your sexual orientation? Select all that apply.

Sexual orientation refers to a person's sense of sexual attraction. Sexual orientation is a personal characteristic that forms part of who you are.

For a glossary of terms related to sexual orientation: <https://www.btb.termiumpplus.gc.ca/publications/diversite-diversity-eng.html>

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Polysexual | <input type="checkbox"/> A sexual orientation(s) not listed above (please specify): _____ |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Queer | <input type="checkbox"/> I don't understand this question |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Questioning | |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Straight/Heterosexual | |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Two-Spirit | |

IDENTITY AFFIRMATION

18. Do you see yourself in your learning at school? Select one answer only.

- Not at all
- To some extent
- To a great extent
- I don't understand this question

19. Do you feel comfortable expressing your identity at school? Select one answer only.

- Not at all
- To some extent
- To a great extent
- I don't understand this question

Sometimes completing surveys like this impacts our mental health and well-being. If you need support:

- Talk with someone you trust
- Access a community mental health support from this list:
<https://www.tvdsb.ca/en/students/resources/MH-WB/Community-Supports/Community-Mental-Health-Supports-for-Students.pdf>

Thank you for completing this survey!

Please place your survey in the envelope provided and return it to your teacher.