



3 November 2010

Report 10-198 to Strategic Planning and Priorities Committee

Re: 2010 OCDSB Student Survey

ORIGINATORS: Walter Piovesan, Superintendent of Instruction
Jacqueline Lawrence, Diversity & Equity Coordinator

PURPOSE:

1. To provide an overview of the 2010 OCDSB Student Survey (Appendix A).

BACKGROUND:

2. The current strategic plan of the Board includes the following community objective and district goal:

To celebrate our commitment to community through responsible citizenship, collaborative partnership and the stewardship of resources by recognizing the diversity of our community through the development and implementation of a diversity strategy.

3. The District has established a goal to raise graduation rates to 90 per cent by the year 2020. An important part of our strategy to realize this goal is our multi-faceted approach to supporting equity of opportunity and equity of access in our schools. The OCDSB has made a commitment to the simple, but powerful statement: *Everyone is welcome here*. One element of creating a sense of belonging stems from seeing one's own self-identity positively reflected in a learning environment.
4. The Student Survey is one of the key components in the five-phase OCDSB Diversity Strategy building process that was brought forward in Report No. 10-081 to the Strategic Planning and Priorities Committee, April 7, 2010.
 - 4.1 The survey is in alignment with the requirements of the Ministry of Education's PPM 119: Developing and Implementing Equity and Inclusive Education Policies in Ontario Schools directing all publicly funded schools to increase the response to a full range of diverse needs and opportunities in the educational community.
 - 4.2 All school boards are mandated to conduct an Aboriginal self-identification. They are also required to conduct a school climate survey as part of the Safe Schools' program.
5. The OCDSB has chosen to conduct a more inclusive survey of our student population to provide relevant information that will inform our program decisions. Like its counterpart, the OCDSB Workforce Survey conducted in April, 2010, the 2010 Student Survey of all students in the OCDSB is designed to create a better, more empirical understanding of the people in our school district, and to use this information to positively align supportive equity and inclusive education initiatives with real needs.

STATUS:

6. Research suggests that students who feel welcomed and accepted in their schools are more likely to succeed academically. We also know that students learn best when they are known well and they are in a positive learning environment that inspires and motivates them. The survey seeks to gather the data that will better inform us about the demographics and environmental factors affecting our students.
7. The objectives of the student survey are to:
 - a) better know the unique and diverse characteristics of our student population
 - b) identify student populations that are underserved
 - c) establish or enhance programs and interventions to close student achievement gaps, and
 - d) survey school climates and foster positive change.
8. Survey results will inform:
 - a) the Board Improvement Plan
 - b) the school improvement plans, and
 - c) future program reviews, research opportunities and partnership opportunities.
9. The student survey will be available to every student in the district from K through 12. Students in Junior Kindergarten to Grade 6 will bring the survey home to be completed with parental help either on-line or on paper. Students in Grades 7 - 12 will have the opportunity to complete the survey on-line at school.
10. The survey is confidential and will take approximately 20 - 30 minutes to complete and asks a broad range of school climate and student diversity questions. To ensure confidentiality, each student will be assigned a random and unique survey number. No name or student number will be included on the survey.
11. The survey is voluntary; parents of students in grades K through 6 will provide consent through participation in the survey. For students in grades 7 to 12, the survey will be completed in class and students may choose not to participate. Parents of students in grades 7 to 12 who do not want their child to participate are encouraged to discuss the issue with their child and to advise the school in writing by November 19, 2010.
12. The survey will be conducted in the following manner (see Appendix B):
 - a) Administered between November 22, 2010 and December 10, 2010, with schools given the option of the most suitable times and dates for delivery
 - b) Each OCDSB school will create a site-based team to oversee the administration of the survey
 - c) Central support will be provided throughout to support the site in administering the survey.
 - d) Random unique codes will be assigned to each student survey
 - e) Each unique survey code will expire after the survey is entered on-line
 - f) Multiple security measures will be used to protect link between student and unique code
 - g) Completed surveys will be provided directly to the firm conducting the survey on our behalf
 - h) Individual student responses will not be available to school or district staff
 - i) Only aggregate reports will be used and survey data will never be available on an individual student basis.

13. Upon completion of The Survey, results will be migrated under secure conditions from TWI to secure storage at OCDSB to allow for the next phase of the Diversity Plan and the use of the survey data.
14. Substantial consideration has been given to issues of privacy, legislative compliance, research ethics and survey methodology. In addition to ensuring compliance with the Education Act, the Municipal Freedom of Information and Protection of Privacy Act and the Ontario Human Rights Code, the following considerations and/or reviews have been undertaken:
 - a) Development of an Ethical Code
 - b) Review of and compliance with the Ontario Human Rights Commission publication: *Count Me In! Collecting Human Rights-Based Data*
 - c) Survey reviewed by OCDSB Quality Assurance
 - d) Survey reviewed by OCDSB legal department
 - e) Review by OCDSB Privacy & Information Management Committee
 - f) Review of Information and Privacy Commission Report regarding the Toronto District School Board Student Survey
 - e) Review and compliance with Information and Privacy Commissioner (IPC) (Ontario): Best Practices For Protecting Individual Privacy in Conducting Survey Resources as well as discussions with and review by the IPC of the OCDSB Student Survey
 - g) Development of a privacy agreement between OCDSB and TWI survey firm.
15. The analysis of the survey information will focus on aggregates by district and schools, not individual students. The survey data will inform our district and school improvement planning process. It will also inform future decisions about programs, research and partnership opportunities.

FINANCIAL IMPLICATIONS:

16. The cost of the survey was included in the budget and funds are drawn from several areas including Diversity and Equity initiatives, Safe Schools, Aboriginal Education and School Operations.

CONSULTATION:

17. The development of the survey has been a collaborative and consultative process and has included broad consultation with the following groups:
 - a) Ottawa-Carleton Association of School Councils (OCASC)
 - b) Student Leaders
 - c) Community Council on Ethno-cultural Equity
 - d) OCDSB System Leaders
 - e) Education Federations
 - f) OCSDB Special Education Advisory Committee (SEAC)
 - g) Diversity Inclusion Task Force
 - h) Aboriginal communities
 - i) Immigrant communities
 - j) Faith communities

18. The Communications Department has been supporting the survey development and has helped to create a number of communications documents to support the survey. These include:
- a) A Powerpoint presentation for principals to use with staff and school councils;
 - b) A postcard with frequently asked questions to be sent to every home;
 - c) A poster to be displayed in all schools;
 - d) A letter from the Director of Education to be sent home with all students;
 - e) A letter explaining how to complete the survey;
 - f) An updated section on the website with detailed information about the survey;
 - g) A dedicated e-mail address and telephone line for survey inquiries;
 - h) A plan for district wide Synervoice messaging about the survey; and
 - i) The translation of survey communications materials into seven languages.

SUMMARY:

19. This survey is a significant undertaking and a critical component of our commitment to better understanding the needs of our students. The survey brings together our commitments to student achievement, equity and inclusion and the need for data informed decision making. In addition to addressing our mandated requirements with respect to school climate and aboriginal self-identification surveys, this survey will provide data that will be extremely useful in developing future board and school improvement plans.

SUBMITTED FOR INFORMATION.

Barrie Hammond
Director of Education and
Secretary of the Board

Walter Piovesan
Superintendent of Instruction

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CONFIDENTIAL WHEN COMPLETED

School:

Grade:

Please do not put your child's name or student ID number on this survey.

Thank you for agreeing to complete this survey. The survey is **VOLUNTARY and CONFIDENTIAL**. You are invited to complete the survey on-line or through a paper format that is attached. If you choose to complete the survey on-line, please use the survey number provided for each child in your household to log onto the system. If you have more than one child in our school District, please complete and submit a separate survey for each child using the individualized code provided for each child. Your individual responses will not be shared with anyone. For the purposes of this survey, "parent" includes a guardian or caregiver with significant or primary responsibility for the child.

THANK YOU for helping to make a difference in our ability to serve your child or children.

PART I: QUESTIONS ABOUT YOUR CHILD

Knowing and building on current strengths is one of the keys to inspire learning and building student success. Please share some of the key areas that your child has demonstrated a strong interest and/or strength. Please check all that apply.

1. How often does your child take part in the following activities in school?

	Weekly	Monthly	A few times a year	Never
a) Arts (e.g. visual arts, drama, dance, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cultural group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Leadership programs (e.g. peer helpers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Religious/faith events and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) School special events (e.g. concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Sports (e.g. intramurals, sport teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other activities (i.e. computers, chess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How often does your child take part in the following activities outside of school?

	Weekly	Monthly	A few times a Year	Never
a) Arts (e.g. visual arts, drama, dance, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cultural group activities (i.e. language lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Leadership programs (e.g. YW/MCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Religious events and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Sports (e.g. swimming lessons, community teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Youth group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activities (e.g. girl guides, boy scout)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. How would you describe your child's skill level in each of the following areas?

	Excellent	Good	Fair	Having Difficulty	Not Sure	Not Yet
a) Arts (e.g. visual arts, drama, dance, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Leadership (e.g. team or group leader)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Oral communication (e.g. public speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Physical Activities (e.g. skateboarding, team sports, recreational sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Problem solving (e.g. finding ways to solve personal/social problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Social skills (e.g. getting along with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Has your child received any awards, certificates or recognition in the following activities? (Check all that apply)

	In his/her current school	In his/her previous school (s)	In our Community	Does not apply
a) Academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Arts (e.g. visual arts, drama, dance, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Charitable or humanitarian activities (e.g. environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Clubs and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Sports/Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) None yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Where was your child born? (Pick one of the following)

- In Ottawa
- In Ontario
- In Canada, in a province or territory outside Ontario
- Outside Canada, in another country

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6. Is your child of Aboriginal descent: Yes No
(If "No" go to question X; if "Yes", pick one of the following)

- First Nations (Status)
- First Nations (Non-Status)
- Inuit
- Métis
- Aboriginal person from outside Canada

7. Which of the following best describes your child's background? (Please check all that apply)

- Aboriginal
- Arab
- Black
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- Mixed Race
- South Asian (e.g., Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Cambodian, Malaysian, Laotian, Vietnamese, etc.)
- West Asian (e.g., Afghan, Iranian, etc.)
- White
- Other – Specify: _____

8. Does your child have a disability or exceptionality or special need?

People with disabilities are those who may have a continuing difficulty in hearing, speaking, moving around, learning, etc.

- Yes No

b) If yes, pick as many as apply:

- Behaviour
- Hearing
- Learning
- Vision
- Speech and language needs
- Mental Health issues (e.g. anxiety)
- Physical needs (e.g., body movement)

c) If yes, is your child currently receiving special education support?

- Yes No Not sure

9. Before starting school in kindergarten, did your child regularly attend any of the following programs: (Please check all that apply)

- Child care centre
- Home day care
- Pre-school programs
- Home care by a parent or family member
- Home care by a nanny or babysitter
- None of the above

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PART II: ABOUT YOUR FAMILY

10. Please indicate the ethnic/cultural group(s) of your ancestors. Please note the list of ethnic and cultural groups cited below reflects the major groups reported in the Ottawa-Carleton region during the 2006 Statistics Canada reports.

British Isles origins

- English
- Irish
- Scottish
- Welsh

French origins

- Acadian
- French

Aboriginal origins

- Inuit
- Métis
- North American Indian

Other North American origins

- American
- Canadian

Caribbean origins

- Barbadian
- Guyanese
- Haitian
- Jamaican
- Trinidadian/Tobagonian
- West Indian

Latin, Central and South American origins

- Colombian
- Mexican
- Peruvian
- Salvadorean

European origins

- Western European*
- Austrian
 - Belgian
 - Dutch (Netherlands)
 - German
 - Swiss

Northern/Scandinavian

- Danish
- Finnish
- Icelandic
- Norwegian
- Swedish

Eastern European

- Baltic origins
- Latvian
- Lithuanian

Czech and Slovak

- Czech
- Slovak
- Hungarian (Magyar)
- Polish
- Romanian
- Russian
- Ukrainian

European origins continued...

- Southern European*
- Bulgarian
 - Croatian
 - Greek
 - Italian
 - Portuguese
 - Serbian
 - Slovenian
 - Spanish

Jewish European

- Jewish

African origins

- Black
- Burundian
- Congolese
- Eritrean
- Ethiopian
- Ghanaian
- Nigerian
- Rwandan
- Somali
- South African

Arab origins

- Egyptian
- Iraqi
- Lebanese
- Maghrebi origins
- Palestinian
- Syrian

West Asian origins

- Afghan
- Armenian
- Iranian
- Israeli
- Turk

South Asian origins

- Bangladeshi
- East Indian
- Pakistani
- Punjabi
- Sri Lankan
- Tamil

East/Southeast Asian origins

- Cambodian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

Oceania origins

- Australian
- Pacific Islander

Other origins

- Unknown
- Other
please specify

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11. The language(s) spoken most often at home is/are: (Please check all that apply to you)

Please note, the options listed below do not include every possible language, however, these are the languages most often reported to Statistics Canada.

Official languages

- English
- French

Aboriginal languages

- Algonquin
- Cree
- Ojibway

European languages

- Celtic languages*
- Gaelic languages
 - Welsh

Germanic languages

- Dutch
- German
- Yiddish
- Danish
- Norwegian
- Swedish

Romance languages

- Italian
- Portuguese
- Romanian
- Spanish

Hellenic languages

- Greek

European (continued...)

Northeast languages

- Latvian
- Lithuanian
- Estonian
- Finnish
- Hungarian

Slavic languages

- Bosnian
- Bulgarian
- Croatian
- Czech
- Polish
- Russian
- Serbian
- Serbo-Croatian
- Slovak
- Slovenian
- Ukrainian

Turkic languages

- Armenian
- Turkish

African languages

- Akan (Twi)
- Lingala
- Rundi (Kirundi)
- Rwanda (Kinyarwanda)
- Swahili

Afro-Asiatic languages

- Ormoro
- Somali
- Amharic
- Arabic
- Hebrew
- Tigrigna

Indo-Iranian languages

- Bengali
- Gujarati
- Hindi
- Marathi
- Panjabi (Punjabi)
- Sindhi
- Sinhala (Sinhalese)
- Urdu
- Kurdish
- Pashto
- Persian (Farsi)

Dravidian languages

- Kannada
- Malayalam
- Tamil
- Telugu

Asiatic languages

- Japanese
- Korean
- Cantonese
- Mandarin
- Lao
- Thai
- Khmer (Cambodian)
- Vietnamese

Malayo-Polynesian languages

- Ilocano
- Malay
- Tagalog (Filipino)

Other languages

Other – Please specify:

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12. Who are the adult caregivers your child lives with most of the time? (Please check one only).

- | | | |
|---|---|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Half-time with each parent | <input type="checkbox"/> Father and step mother | <input type="checkbox"/> Mother and step father |
| <input type="checkbox"/> Two fathers | <input type="checkbox"/> Two mothers | <input type="checkbox"/> Foster parents |
| <input type="checkbox"/> Adult relatives/guardians | <input type="checkbox"/> Other: _____
(please specify) | |

b) Using your selection in 12a, what level(s) of education have you completed in Canada or in any other country?

Parent	Gender	Elementary	High School	Trades or Apprenticeship	College	University	Other
Parent/Guardian 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Using your selection in 12a, what is your employment status?

Parent	Gender	Employed Full-Time	Employed Part-Time	Self-Employed	Un-employed	Stay at Home Parent	Retired	Other
Parent/Guardian 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) How many people live in your home on a regular basis?

_____ children
_____ adults

13. What is your religious or spiritual affiliation?

- Aboriginal spirituality
- Baha'i
- Buddhist
- Catholic
- Protestant (e.g. Anglican, United, Presbyterian, Baptist, Mennonite)
- Christian Orthodox
- Eastern Religions (e.g. Taoism, Shintoism, Confucianism)
- Hindu
- Jewish
- Muslim – Shia
- Muslim - Sunni
- Sikh
- I do not have a religious or spiritual affiliation
- Other – Specify: _____
- Prefer not to disclose
- I do not know

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PART III: LEARNING ENVIRONMENT

Creating and sustaining a positive learning environment is critical to student success. Please share your thoughts on your child and your experience with our current learning climate.

14. How does your child feel about school:

	Always	Often	Sometimes	Rarely	Never	Not applicable
a) My child enjoys being at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My child feels that school is a friendly and welcoming place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My child feels that school is an inviting place to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My child gets along well with other students in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My child feels accepted by students in his/her school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) My child feels accepted by adults in his/her school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Does your child feel they do not belong at their school? Yes No

If yes, do you think it was because of the any of the following? (Please check all that apply)

- My child's age
- My child's gender
- My child's ethnocultural or racial background
- My child's Aboriginal background (First Nation, Métis, Inuit)
- My child's language background (first language)
- My child's disability
- My child's exceptionality
- My child's grades or marks
- My child's appearance and/or clothing
- My child's religion or faith
- My family's level of income
- My child's activities or hobbies
- Other – please specify: _____

16. In your child's school, how often has he or she learned about the experiences and/or achievements of:

	Always	Often	Sometimes	Rarely	Never	Don't Know
a) Women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Aboriginal peoples (First Nation, Métis, Inuit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Different ethnocultural or racial groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Different religious/faith communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) People with disabilities or exceptionalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) People of different sexual identities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) People of different income levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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17. In your child's school, people of different backgrounds and abilities are seen and/or included in:

	Always	Often	Sometimes	Rarely	Never	Don't Know
a) Pictures or posters in the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Displays of student work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Materials used in class (e.g., books and videos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Discussions & presentations about topics studied in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) School publications (e.g. newsletters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Special Events and celebrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) School Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) School Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. a) Do you feel there are barriers that stand in the way of your child's learning at school?

- Yes No Not sure

b) If you answered **yes**, do you think that these barriers exist because of any of the following? *(Please check all that apply)*

- My child's age
- My child's gender
- My child's ethnocultural or racial background
- My child's Aboriginal background (First Nation, Métis, Inuit)
- My child's language background (first language)
- My child's disability or exceptionality
- My child's grades or marks
- My child's appearance and/or clothing
- My child's religion or faith
- My family's level of income
- My child's activities or hobbies
- Other – please specify: _____

19. How do you feel that your child is treated by school staff in your school:

- the same way as everyone else
- better than others
- worse than others

20. a) Do you understand the expectations of the school for your child around:

		Yes	No
a.	Academic success (belief that all students can learn)	<input type="checkbox"/>	<input type="checkbox"/>
b.	Attendance	<input type="checkbox"/>	<input type="checkbox"/>
c.	Behaviour/Code of conduct	<input type="checkbox"/>	<input type="checkbox"/>
d.	Community of Character/Character Development	<input type="checkbox"/>	<input type="checkbox"/>

b) Do you feel that these expectations have been applied to your child in a fair manner?

- All the time
- Most of the time
- Some of the time
- Rarely
- Not sure

21. Have you requested a religious accommodation for your child? Yes No

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If yes, please indicate the type of accommodation requested

	Granted	Denied	Alternative Accommodation Negotiated
Permission to observe a religious practice during school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission to wear an item (of clothing) connected with a religious belief.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time away from school to observe a religious holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART IV: SAFETY

Safety is an important part of ensuring student success. "Feeling safe" means feeling comfortable, relaxed, and not worried that someone could harm your child physically or emotionally.

22. How often –

	Always	Often	Sometimes	Rarely	Never
a) Does your child feel safe at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Does your child feel safe on the way to and from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Does your child feel safe in your neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. a) Has your child experienced being bullied/harassed in any of the following ways?

Definition of Bullying: Bullying is defined as the use of one's strength or popularity to injure, threaten or embarrass another person. Bullying can be physical (hitting, kicking or shoving), verbal (teasing, putting down or insulting someone on purpose) or social (involves getting others repeatedly to ignore or leave someone out on purpose). It is not bullying when two students of about the same strength argue, fight or tease each other.

	Always	Often	Sometimes	Rarely	Never
a) Verbally with insults or name calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Verbally with threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Physically by an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Physically by a group of individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Socially by being excluded or shut out from a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Socially by theft or destruction of your child's personal property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Electronically via e-mails, facebook, texting etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Never" to all of the questions in Q23a, please go to Q24

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b) If your child has been threatened, bullied or harmed by anyone at your current school, do you think it is because of any of the following: (Choose all that apply)

- My child's age
- My child's gender
- My child's ethnocultural or racial background
- My child's Aboriginal background (First Nation, Métis, Inuit)
- My child's language background (first language)
- My child's disability or exceptionality
- My child's grades or marks
- My child's appearance and/or clothing
- My child's religion or faith
- My family's level of income
- My child's activities or hobbies
- Other – please specify: _____

c) **Where** and how often has your child experienced bullying/harassment?

	Always	Often	Sometimes	Rarely	Never
a) Areas off school property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cloak rooms or locker rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Computer rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Lunchroom or eating area/cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Electronically (via facebook, twitter etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) School entrances and exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) **When** and how often has your child experienced bullying/harassment?

	Always	Often	Sometimes	Rarely	Never
a) Before school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) After school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Between classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) During breaks (spares, lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) During classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) During extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) On school field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) On the way to and from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) School bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) On Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. To your knowledge, has your child stayed away from certain classes or areas of the school to avoid being bullied/harassed?

- Always
 Often
 Sometimes
 Rarely
 Never
 Don't Know

25. How does your child get to school?

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- | | | |
|--|--|--|
| <input type="checkbox"/> Walk (alone) | <input type="checkbox"/> Walk (with siblings/friends) | <input type="checkbox"/> Walk (supervised by an adult) |
| <input type="checkbox"/> School bus/taxi | <input type="checkbox"/> Driven | <input type="checkbox"/> OC Transpo |
| <input type="checkbox"/> Bike | <input type="checkbox"/> skateboard/ roller blades/scooter | <input type="checkbox"/> Other – please specify |

26. How often does school staff contact you if your child:

	Always	Often	Sometimes	Rarely	Never	Not Sure
Is a victim of bullying/harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullies/harasses another child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Are you aware of how to report bullying/harassment, to school staff?

- Yes (go to X) Yes, but I have never reported it (go to X)
 No (go to X)

b) How often do you contact your school if your child:

	Always	Often	Sometimes	Rarely	Never	Not Sure
a) Is a victim of bullying/harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Witnesses another child being bullied/harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Bullies/harasses another child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) When you have reported or told someone about your child being bullied or harassed, who did you contact?

Please check all that apply

- a) Teacher
 b) Vice-principal
 c) Principal
 d) Superintendent
 e) Other _____
 (please specify)

28. If you have been bullied, has it affected:

	Always	Often	Sometimes	Rarely	Never
a) Your child's feelings about going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Your child's performance in school (e.g. your grades have dropped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Your child's attendance (e.g. skipping classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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29. My child's school's focus on the following character development has helped in creating a safe, welcoming and inclusive learning environment?

	Always	Often	Sometimes	Rarely	Don't know
a) Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART V: LEARNING SUPPORT, TOOLS & RESOURCES

There are various tools and resources available to help your child succeed. In this section, please share with us what you are aware of and what additional support your child may need to achieve success.

30. Has your child had his/her eyesight or hearing tested in the last two years?

- Eyesight Yes No
 Hearing Yes No

31. Has your child visited a dentist in the past year?

- Yes No

32. How often do you:

	Always	Often	Sometimes	Rarely	Never
a) Communicate with your child's teachers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Attend parent-teacher interviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Attend meetings (i.e. School Council) and event at your child's school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Volunteer at your child's school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How often does your child:

	Always	Often	Sometimes	Rarely	Never	Don't Know
a) Seek extra help with homework in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Seek help with homework outside of school if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. How much time does your child spend on homework per night?

- Less than 30 minutes 30 to 40 minutes 40 to 60 minutes
 More than 60 minutes None

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35. Do you think free or low-cost breakfast programs should be offered in your school community?
 Yes No Not sure

36. What do you want your child to do after high school?

- | | |
|---|--|
| <input type="checkbox"/> Attend community college | <input type="checkbox"/> Take an apprenticeship before going to work |
| <input type="checkbox"/> Attend university | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Go directly to work | <input type="checkbox"/> Other |

If you have completed a paper format of the survey, please place the completed survey in the self-addressed return envelope and seal it before returning to the school with your child no later than December 12, 2010. If you have completed the survey online, simply press submit and the process is complete.

Thank you for your participation.

DRAFT

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CONFIDENTIAL WHEN COMPLETED

School:

Grade:

Please do not put your name or student number on this survey.

THE OTTAWA CARLETON DISTRICT SCHOOL BOARD INVITES YOU TO COMPLETE THIS STUDENT SURVEY.

The survey is **VOLUNTARY** and **CONFIDENTIAL**. Your individual responses will not be shared with anyone. Please answer the questions as completely and accurately as possible. **THANK YOU** for your cooperation.

PART I: QUESTIONS ABOUT ME

Knowing and building on current strengths is one of the keys to inspire learning and building student success. Please share some of the key areas that you have a strong interest and/or strength. Please check all that apply.

1. How often do you take part in the following activities in school?

	Weekly	Monthly	A few times a year	Never
h) Arts (e.g. visual arts, drama, dance, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Cultural group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Leadership programs (e.g. peer helpers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Religious events and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) School special events (e.g. dances, concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Sports (e.g. intramurals, sport teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Student council activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Student publications (e.g. yearbook, newspaper, magazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Other: _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How often do you take part in the following activities outside of school?

	Weekly	Monthly	A few times a year	Never
a) Arts (e.g. visual arts, drama, dance, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cultural group activities (e.g. language lessons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Leadership programs (e.g. YW/MCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Religious events and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Sports (e.g. sport teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Youth group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Youth publications (e.g. newspaper, magazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other social activities (e.g. computers, chess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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3. How do you see yourself in each of the following areas?

	Excellent	Good	Fair	Having Difficulty	Not Sure
k) Arts (e.g. visual arts, drama, dance, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Leadership (e.g. leading a group or team)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Oral communication (e.g. public speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Physical Activities (e.g. skateboarding, team sports, recreational sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Problem solving (e.g. finding ways to solve personal/social problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Social skills (e.g. getting along with others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Have you received any awards, certificates or recognition for your participation in the following activities? Please check all that apply

	In my current school	In my old school (s)	In my Community	Does not apply
i) Academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Arts (e.g. visual arts, drama, dance, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Charitable or humanitarian activities (e.g. environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Clubs and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Sports/Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) None yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. At your current school, have you ever been asked to help students as a: Please check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Peacemaker/peer mediator | <input type="checkbox"/> Peer Mentor | <input type="checkbox"/> Reading buddy |
| <input type="checkbox"/> School ambassador | <input type="checkbox"/> Peer Tutor | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Monitor | <input type="checkbox"/> Link crew member | |
| <input type="checkbox"/> Not yet | <input type="checkbox"/> Other: _____ | |

6. At your current school, how often have you been asked to lead an activity, a group or a team?

- Many times Sometimes A few times Never

If never, would you like to be asked? Yes No

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7. **The language(s) spoken most often at home is/are: Please check all that apply.**

Please note, the options listed below do not include every possible language, however, these are the languages most often reported to Statistics Canada

Official languages

- English
- French

Aboriginal languages

- Algonquin
- Cree
- Ojibway

European languages

- Celtic languages*
- Gaelic languages
 - Welsh

Germanic languages

- Dutch
- German
- Yiddish
- Danish
- Norwegian
- Swedish

Romance languages

- Italian
- Portuguese
- Romanian
- Spanish

Hellenic languages

- Greek

European (continued...)

Northeast languages

- Latvian
- Lithuanian
- Estonian
- Finnish
- Hungarian

Slavic languages

- Bosnian
- Bulgarian
- Croatian
- Czech
- Polish
- Russian
- Serbian
- Serbo-Croatian
- Slovak
- Slovenian
- Ukrainian

Turkic languages

- Armenian
- Turkish

African languages

- Akan (Twi)
- Lingala
- Rundi (Kirundi)
- Rwanda (Kinyarwanda)
- Swahili

Afro-Asiatic languages

- Ormoro
- Somali
- Amharic
- Arabic
- Hebrew
- Tigrigna

Indo-Iranian languages

- Bengali
- Gujarati
- Hindi
- Marathi
- Panjabi (Punjabi)
- Sindhi
- Sinhala (Sinhalese)
- Urdu
- Kurdish
- Pashto
- Persian (Farsi)

Dravidian languages

- Kannada
- Malayalam
- Tamil
- Telugu

Asiatic languages

- Japanese
- Korean
- Cantonese
- Mandarin
- Lao
- Thai
- Khmer (Cambodian)
- Vietnamese

Malayo-Polynesian languages

- Ilocano
- Malay
- Tagalog (Filipino)

Other languages

Other – Please specify:

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8. Which of the following physical language skills do you know, use or understand?

- Braille
- American Sign Language (ASL)
- Quebec Sign Language (QSL)
- None

9. Do you have a disability, exceptionality or a special education need?

People with disabilities are those who may have a continuing difficulty in hearing, speaking, moving around, learning, etc.) (The Education Act defines an exceptional student as one "whose behavioural, communication, intellectual, physical or multiple exceptionalities are such that he or she is considered to need placement in a special education program by a committee"

- Yes No I don't know
(If yes, please go to question XX. If no, or don't know, please go to question XX)

b) If yes, pick as many as apply:

- Behaviour Hearing Learning Mental Health (e.g. anxiety, depression)
 Vision Speech Mobility (e.g., body movement)

c) Are you currently receiving special education support?

- Yes No Not sure

10. Where were you born? (Pick one of the following)

- In Ottawa
- In Ontario
- In Canada, in a province or territory outside Ontario
- Outside Canada, in another country

11. Do you identify yourself as Canadian? Yes No
(You do not have to be born in Canada to identify yourself as Canadian)

12. Are you of Aboriginal heritage? Yes No
(If "No" go to question X; if "Yes", pick one of the following)

- First Nations (Status)
- First Nations (Non-Status)
- Inuit
- Métis
- Aboriginal person from outside Canada

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13. Which of the following **best** describes your background? (Pick **one** only)

- Aboriginal
- Arab
- Black
- Chinese
- Filipino
- Japanese
- Korean
- Latin American
- Mixed Race
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Southeast Asian (e.g., Cambodian, Malaysian, Laotian, Vietnamese, etc.)
- West Asian (e.g., Afghan, Iranian, etc.)
- White
- Other – Specify: _____

14. What is your gender?

- I am Female Male Transgender
 Prefer not to disclose

15. How do you identify your sexual orientation? (You may choose more than one)

- Bisexual
- Lesbian (female)
- Transsexual
- Gay (male)
- Queer
- Two-spirited
- Heterosexual (straight)
- Questioning
- Prefer not to disclose

THESE QUESTIONS ARE TO BE ANSWERED BY HIGH SCHOOL STUDENTS ONLY

16. Based on your current school progress, do you plan to graduate from high school?

- I definitely will I think I will I'm not sure I don't think I will

17. Have you thought about your future career or occupation?

- Yes, I have decided on my future career or occupation - specify: _____
- Yes, I have been thinking about it
- Yes, but I have no idea
- No, I have not thought about my future career or occupation

18. Immediately after high school:

	Return to school for additional credits	Attend college	Attend university	Work	Enroll in an apprenticeship program	Other Plans	Not sure
I plan to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents or caregivers expect me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers expect me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends expect me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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19. Where were your parents or guardians born?

- In Ottawa
- In Ontario
- In Canada, in a province or territory outside Ontario
- Outside Canada, in another country
- I don't know

20. What is the ethnic or cultural background of your parents and grandparents?

Please note the list of ethnic and cultural groups cited below reflects the major groups reported in the Ottawa-Carleton region during the 2006 Statistics Canada reports. Please check all that apply

British Isles origins

- English
- Irish
- Scottish
- Welsh

French origins

- Acadian
- French

Aboriginal origins

- Inuit
- Métis
- North American Indian

Other North American origins

- American
- Canadian

Caribbean origins

- Barbadian
- Guyanese
- Haitian
- Jamaican
- Trinidadian/Tobagonian
- West Indian

Latin, Central and South American origins

- Colombian
- Mexican
- Peruvian
- Salvadorean

European origins

- Western European*
- Austrian
 - Belgian
 - Dutch (Netherlands)
 - German
 - Swiss

Northern/Scandinavian

- Danish
- Finnish
- Icelandic
- Norwegian
- Swedish

Eastern European

- Baltic origins
- Latvian
- Lithuanian

Czech and Slovak

- Czech
- Slovak
- Hungarian (Magyar)
- Polish
- Romanian
- Russian
- Ukrainian

European origins continued...

Southern European

- Bulgarian
- Croatian
- Greek
- Italian
- Portuguese
- Serbian
- Slovenian
- Spanish

Jewish European

- Jewish

African origins

- Black
- Burundian
- Congolese
- Eritrean
- Ethiopian
- Ghanaian
- Nigerian
- Rwandan
- Somali
- South African

Arab origins

- Egyptian
- Iraqi
- Lebanese
- Maghrebi origins
- Palestinian
- Syrian

West Asian origins

- Afghan
- Armenian
- Iranian
- Israeli
- Turk

South Asian origins

- Bangladeshi
- East Indian
- Pakistani
- Punjabi
- Sri Lankan
- Tamil

East/Southeast Asian origins

- Cambodian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

Oceania origins

- Australian
- Pacific Islander

Other origins

- Unknown
- Other _____
(Please specify)

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21. Who are the adult caregivers you live with most of the time? (Please check one only). If you do not live with adult caregivers, go to 21e.

- | | | |
|---|---|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Half-time with each parent | <input type="checkbox"/> Father and step mother | <input type="checkbox"/> Mother and step father |
| <input type="checkbox"/> Two fathers | <input type="checkbox"/> Two mothers | <input type="checkbox"/> Foster parents |
| <input type="checkbox"/> Adult relatives/guardians | <input type="checkbox"/> Other: _____ | |
- (please specify)

b) Using your selection in 18a, what level(s) of education have your parents/guardians completed in Canada or in any other country?

Parent	Gender	Elementary	High School	Trades or Apprenticeship	College	University	I don't Know
Parent/Guardian 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Using your selection in 18a, what is your parents'/guardians' employment status?

Parent	Gender	Employed Full-Time	Employed Part-Time	Self-Employed	Un-employed	Stay at Home Parent	Retired	I don't Know
Parent/Guardian 1	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian 2	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) how many people (*including you*) live in your home on a regular basis?

_____ children
_____ adults

e) I live

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> on my own | <input type="checkbox"/> in a group Group home |
| <input type="checkbox"/> with friends | <input type="checkbox"/> Other: _____ |

22. What is your religious or spiritual affiliation?

- Aboriginal spirituality
- Baha'i
- Buddhist
- Catholic
- Protestant (e.g. Anglican, United, Presbyterian, Baptist, Mennonite)
- Christian Orthodox
- Eastern Religions (e.g. *Taoism, Shintoism, Confucianism*)
- Hindu
- Jewish
- Muslim – Shia"
- Muslim - Sunni
- Sikh
- I do not have a religious or spiritual affiliation
- Other – Specify: _____
- Prefer not to disclose
- I do not know

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PART III: QUESTIONS ABOUT YOUR LEARNING ENVIRONMENT

Creating and sustaining a positive learning environment is critical to student success. Please share your thoughts on your experience regarding your learning climate.

23. How do you feel about your school:

	Always	Often	Sometimes	Rarely	Never
g) I enjoy school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) My school is a friendly and welcoming place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) My school building is an inviting place to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I get along well with other students in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I feel accepted by students in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I feel accepted by adults in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) My school offers courses that I am interested in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) My school offers extracurricular activities that I am interested in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Extra help is available at my school when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Have you ever felt that you do not belong at your school? Yes No

If yes, do you think it was because of any of the following? (check all that apply)

- My gender
- My ethnocultural or racial background
- My Aboriginal background (First Nation, Métis, Inuit)
- My language background (my first language)
- A disability or exceptionality that I have
- My grades or marks
- My appearance and/or clothing
- My religion or faith
- My family's level of income
- My sexual orientation
- My perceived sexual orientation
- My body/image
- My family structure
- My program i.e. applied, academic, immersion
- Other – please specify: _____

25. In your school, how often have you learned about the experiences and/or achievements of:

	Always	Often	Sometimes	Rarely	Never
h) Women and girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Aboriginal peoples (First Nation, Métis, Inuit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Different ethnocultural or racial groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Different religious/faith communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) People with disabilities or exceptionalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Gay, lesbian, bisexual, transgender, transsexual or two-spirited people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) People of different income levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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26. In your school, people of different backgrounds and abilities are seen and/or included in:

	Always	Often	Sometimes	Rarely	Never
k) Pictures or posters in the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Displays of student work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Materials used in class (e.g., books and videos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Discussions & presentations about topics we study in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) School publications (e.g., yearbooks, newsletters, newspapers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Special Events and celebrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) School Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) School Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. a) Do you feel there are barriers that stand in the way of your learning at school?

- Yes No Not sure

c) If you answered yes, do you think that these barriers exist because of any of the following?
(Please check all that apply to you)

- My gender
- My ethnocultural or racial background
- My Aboriginal background (First Nation, Métis, Inuit)
- My language background (my first language)
- A disability or exceptionality that I have
- My grades or marks
- My appearance and/or clothing
- My religion or faith
- My family's level of income
- My sexual orientation
- My perceived sexual orientation
- My body/image
- My family structure
- Other – please specify: _____

28. How do you feel that you are treated by school staff in your school:

- the same way as everyone else
- better than others
- worse than others

29. a) Do you understand your school's expectations around:

	Yes	No
Academic success (belief that all students can learn)	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour/Code of conduct	<input type="checkbox"/>	<input type="checkbox"/>
Community of Character/Character Development	<input type="checkbox"/>	<input type="checkbox"/>

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b) Do you feel that school expectations have been applied to you in a fair manner?

- All the time Most of the time Some of the time
 Rarely Not sure

30. At your current school, have you requested a religious accommodation?

Yes No

b) if yes, please specify type of accommodation requested

	Granted	Denied	Alternative Accommodations provided
Permission to observe a religious practice during school hours (e.g. prayers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permission to wear an item (of clothing) connected with a religious belief.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time away from school to observe a religious holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART IV: QUESTIONS ABOUT SAFETY

Safety is an important part of ensuring student success. "Feeling safe" means feeling comfortable, relaxed, and not worried that someone could harm you physically or emotionally.

31.

	Always	Often	Sometimes	Rarely	Never
d) Do you feel safe at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Do you feel safe on your way to and from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Do you feel safe in your neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Definition of Bullying: Bullying is defined as the use of one's strength or popularity to injure, threaten or embarrass another person. Bullying can be physical (hitting, kicking or shoving), verbal (teasing, putting down or insulting someone on purpose) or social (involves getting others repeatedly to ignore or leave someone out on purpose). It is not bullying when two students of about the same strength argue, fight or tease each other.

32. a) In your current school, have you ever experienced being bullied/harassed in any of the following ways?

	Always	Often	Sometimes	Rarely	Never
i) Verbally with insults or name calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Verbally with threats to hurt you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Physically by an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Physically by a group of individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Socially by being excluded or shut out from a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Socially by theft or destruction of your personal property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Electronically via e-mails, facebook, texting etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Other _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Never" to all of the questions in Q31a, please go to Q33

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b) If you have been threatened, bullied or harmed by anyone at your current school do you think it is because of? (Choose all that apply)

- My gender
- My ethnocultural or racial background
- My Aboriginal background (First Nation, Métis, Inuit)
- A disability or exceptionalty that I have
- My language background
- My grades or marks
- My appearance and/or clothing
- My religion or faith
- My family's level of income
- My sexual orientation
- My perceived sexual orientation
- My body/image
- Other – please specify: _____

d) If you have been threatened, bullied or harmed by anyone at your current school, where and how often did it happen?

	Always	Often	Sometimes	Rarely	Never
m) Areas off school property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Cloak rooms or locker rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Computer rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Lunchroom or eating area/cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Electronically (via facebook, twitter etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Hallways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w) School entrances and exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) When and how often have you experienced bullying/harassment?

	Always	Often	Sometimes	Rarely	Never
l) Before school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) After school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Between classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) During breaks (spares, lunch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) During classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) During extracurricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) On school field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) On the way to and from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) School bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) On Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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e) Who do you go to for help when you have been threatened, bullied or harmed? *Please check all that apply.*

a) My teachers	<input type="checkbox"/>
b) My guidance counsellor(s)	<input type="checkbox"/>
c) My principal	<input type="checkbox"/>
d) My vice-principal(s)	<input type="checkbox"/>
e) My social worker	<input type="checkbox"/>
f) My coach	<input type="checkbox"/>
g) My friends	<input type="checkbox"/>
h) My parents, guardian or caregivers	<input type="checkbox"/>
i) Other family members or relatives	<input type="checkbox"/>
j) No one	<input type="checkbox"/>
k) Other _____ (please specify)	<input type="checkbox"/>

f) If you have been bullied, has it affected:

	Always	Often	Sometimes	Rarely	Never
e) Your feelings about going to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Your performance in school (e.g. your grades have dropped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Your attendance (e.g. skipping classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How often has your school's focus on the character development traits below helped in creating a safe, welcoming and inclusive learning environment?

	Always	Often	Sometimes	Rarely	Not Sure
k) Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Appreciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PART V: LEARNING SUPPORT, TOOLS & RESOURCES

There are various tools and resources available to help you succeed. In this section, please share with us what you are aware of and what additional support you may need to achieve success.

34. After school, if needed, who usually helps you with your homework? (Pick all that apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Parents/guardians/caregivers | <input type="checkbox"/> Teachers | <input type="checkbox"/> Brother(s)/Sister(s) |
| <input type="checkbox"/> Other family members | <input type="checkbox"/> Friends | <input type="checkbox"/> People in the community |
| <input type="checkbox"/> On-line tutors | <input type="checkbox"/> Paid tutors | <input type="checkbox"/> No one |
| <input type="checkbox"/> Free tutor(s) offered in my school or community | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> I do not need help with home work | | |

35. Outside of school, who usually gives you advice about school and future career advice? (Pick all that apply)

	Schooling	Career Advice
a) Parents/guardians/caregivers	<input type="checkbox"/>	<input type="checkbox"/>
b) Grandparents	<input type="checkbox"/>	<input type="checkbox"/>
c) Brother(s)/Sister(s)	<input type="checkbox"/>	<input type="checkbox"/>
d) Other family members	<input type="checkbox"/>	<input type="checkbox"/>
e) People in the community	<input type="checkbox"/>	<input type="checkbox"/>
f) Friends	<input type="checkbox"/>	<input type="checkbox"/>
g) Teachers	<input type="checkbox"/>	<input type="checkbox"/>
h) Guidance Counsellors	<input type="checkbox"/>	<input type="checkbox"/>
i) Other counsellors (e.g. youth counsellors)	<input type="checkbox"/>	<input type="checkbox"/>
j) No One	<input type="checkbox"/>	<input type="checkbox"/>
k) Other _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

36. Do your parents, guardians or caregivers:

	Always	Often	Sometimes	Rarely	Not sure
a) Expect you to succeed in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Help you to set goals and make plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Talk to you about your schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Communicate with your teachers (e.g., by telephone, e-mail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Attend parent teacher interviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Attend meetings and events at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Volunteer at the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Have you had your eyesight or hearing tested in the last 2 years?

- | | | | |
|----------|------------------------------|-----------------------------|---------------------------------------|
| Eyesight | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| Hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |

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38. Have you been to a dentist in the last year?

- Yes No I don't know

39. How often do any of the following prevent or delay you from finishing your homework?

	Always	Often	Sometimes	Rarely	Not at all
a. Difficulty of the homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. No proper space at home to do homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. No study materials to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Part-time job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Religious/faith activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Spending time on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Spending time with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sports or recreation activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. About how many hours a week (including weekends) do you spend on?

	None	1 to 5 hours	6 to 10 Hours	11 to 15 Hours	15 Hours or More
a. Homework and studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Part-time work for pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. On a regular school day, how much time do you spend on the following activities before or after school?

	None	Less than one hour	1 to 2 hours	More than 2 hours
a) Household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Looking after brothers, sisters, and/or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Helping with a family business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Playing computer/video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Playing sports and recreational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Religious/faith activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other leisure activities (e.g. going to movies, talking on the phone, listening to music, going to the mall, hanging out with friends)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Internet/e-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. During the school week, how often do you?

Together - We Count for Student Success

2010 OCDSB Student Survey

Grades 7-12



	Every day	Most days	Some days	Never
Eat breakfast before coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a snack during the school day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. How often do you use a computer:

	Not Available	Every day	Several times a week	Not very often	Almost never
At school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the community (e.g., friends, internet café)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing the 2010 OCDSB Student Survey
and for helping us to serve you –**

**Together we can make a difference.
Together we can create a culture where
*I belong...We belong***

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Appendix B

2010 OCDSB Student Survey Key Dates

October 6	Principals' Operations meeting
October 13	Vice-principals' Operations meeting
October 20	Superintendency presentations
October 20-22	Schools to finalize survey team and select a Lead contact
October 25-29	Schools to consider deliver logistics, including administration dates, computer lab rotations, support for students needing help and/or accommodations.
October 25	Postcard produced centrally, sent home by schools.
October 25 to November 20:	Site-based communications and information. <ul style="list-style-type: none">• School Staff Meeting presentation• School Council presentation• School Newsletter, Website updates• Informing and preparing students
November 1	First letter to parents. Produced centrally, sent home by school.
Nov 6 and Oct 30	Saturday/Sunday: Central Synrevoice reminder of letter home.
November 8-10	Survey and support documents to schools.
November 13 and 20	Saturday/Sunday: Central Synrevoice message to homes.
November 22 to } December 10 }	SURVEY
December 13 to 15	Surveys sent back to Board