

Welcome to the 2023 TDSB Student Census!

Students in a Mild Intellectual Disability (MID) program complete an adapted survey which includes school experience questions only, and their parents/guardians/caregivers complete the Census demographic questions on behalf of their child.

You are receiving the demographic questions for \${e://Field/Student_first_name} \${e://Field/Student_last_name}.

The Census is an opportunity for students to share who they are and their experiences at school. Students have had a say in what questions are being asked.

The Census is **voluntary**, but we hope that you will complete it.

The Census is **confidential**. No one will see your individual answers.

The Census is **not anonymous**. Though no one will see your individual answers, your survey answers are linked to your child's student ID number so that researchers who work for the school board can match survey results with other pieces of data like grades. This helps to identify barriers that impact groups of students, which is the main goal of the Census. No individual students will be identified and student answers are never examined at the individual level.

Note. Personal information on this form is collected under the authority of sections 27, 58.5(1), 169.1-173, 265, 266(2.1) of Education Act, R.S.O. 1990, c.E.2 ("Education Act"), R.R.O. 1990, Regulations 298 (Operation of Schools – General) under Education Act, Anti-Racism Act, 2017, S.O. 2017, c. 15 ("Anti-Racism Act"), and O. Reg. 267/18: General under Anti-Racism Act, 2017, S.O. 2017, c. 15, and will be used by TDSB for educational and research purposes, to support TDSB and schools to provide effective education programs and services, and to

improve schools to better meet the needs of our diverse learners. This information is collected, retained, used, and disclosed in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56 ("MFIPPA") and will be shared with authorized TDSB and school staff and approved research organizations on agreement with TDSB, if required, in order to administer the above purposes. Questions regarding this collection should be directed to your principal and local school administration or Senior Manager, TDSB Research Department by email at research@tdsb.on.ca, by phone at 416-394-7404, or by mail at 1 Civic Centre Court, Lower Level, Etobicoke, Ontario M9C 2B3.

Questions

. This section is about parents/guardians/caregivers. Parents/guardians/caregivers include birth parents, adoptive parents, stepparents, or foster parents. It can be one person or more. Please consider all the parents/guardians/caregivers when answering the following questions.

Q1. Who does your child live with most of the time?

(Please select one)

- Two parents
- One parent
- Part of the time with each parent (like in two different places)
- Parent(s) and other adult family members (like grandparents, aunts, uncles, etc.)
- Only grandparent(s)
- Foster parent(s)
- Other adult siblings, relatives or guardians
- Other (specify):

Q2. Parents/guardians/caregivers countries of birth.

- Two (or more) parents/caregivers born in Canada
- One parent/caregiver born in Canada
- No parent/caregiver born in Canada

Q3. Parents/guardians/caregivers countries/regions of birth: (Select all that apply)

Afghanistan

Guatemala

Poland

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Albania | <input type="checkbox"/> Guyana | <input type="checkbox"/> Portugal |
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Haiti | <input type="checkbox"/> Romania |
| <input type="checkbox"/> Australia | <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Russia |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Hungary | <input type="checkbox"/> Saudi Arabia |
| <input type="checkbox"/> Barbados | <input type="checkbox"/> India | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Bosnia | <input type="checkbox"/> Iran | <input type="checkbox"/> Serbia |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> Iraq | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> Bulgaria | <input type="checkbox"/> Ireland | <input type="checkbox"/> Somalia |
| <input type="checkbox"/> Cambodia | <input type="checkbox"/> Israel | <input type="checkbox"/> South Africa |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Italy | <input type="checkbox"/> South Korea |
| <input type="checkbox"/> Chile | <input type="checkbox"/> Jamaica | <input type="checkbox"/> Sri Lanka |
| <input type="checkbox"/> China | <input type="checkbox"/> Japan | <input type="checkbox"/> St. Lucia |
| <input type="checkbox"/> Colombia | <input type="checkbox"/> Jordan | <input type="checkbox"/> St. Vincent and the Grenadines |
| <input type="checkbox"/> Cuba | <input type="checkbox"/> Kenya | <input type="checkbox"/> Sudan |
| <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Korea | <input type="checkbox"/> Syria |
| <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Lebanon | <input type="checkbox"/> Taiwan |
| <input type="checkbox"/> Ecuador | <input type="checkbox"/> Macedonia | <input type="checkbox"/> Tanzania |
| <input type="checkbox"/> Egypt | <input type="checkbox"/> Malaysia | <input type="checkbox"/> Thailand |
| <input type="checkbox"/> El Salvador | <input type="checkbox"/> Mexico | <input type="checkbox"/> Trinidad and Tobago |
| <input type="checkbox"/> England | <input type="checkbox"/> Morocco | <input type="checkbox"/> Turkey or Türkiye |
| <input type="checkbox"/> Eritrea | <input type="checkbox"/> Nepal | <input type="checkbox"/> Ukraine |
| <input type="checkbox"/> Ethiopia | <input type="checkbox"/> Netherlands | <input type="checkbox"/> United Kingdom |
| <input type="checkbox"/> France | <input type="checkbox"/> Nigeria | <input type="checkbox"/> United States |
| <input type="checkbox"/> Germany | <input type="checkbox"/> Pakistan | <input type="checkbox"/> Uzbekistan |
| <input type="checkbox"/> Ghana | <input type="checkbox"/> Palestine | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> Greece | <input type="checkbox"/> Peru | <input type="checkbox"/> You don't have an option that applies to me (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Grenada | <input type="checkbox"/> Philippines | <div style="border: 1px solid black; width: 250px; height: 40px; margin-left: 10px;"></div> |

Q4. Parents/guardians/caregivers education completed (in Canada or in any other country).

(Select all that apply)

- Elementary school (Kindergarten - Grade 8)
- Secondary school (Grade 9 - 12)
- Apprenticeship (e.g., vocational training, electrician, plumber, carpenter, etc.)
- College (e.g., Diploma, Certificate)
- University (e.g., Bachelors degree, Masters degree, Doctorate degree/Phd)
- None
- Not Sure

Q5. Where was parent/guardian/caregivers highest level of education completed?

(Select all that apply)

- Canada
- Another country (specify):

. This section asks various questions about your child's identity. Since there are many unique identities in the TDSB, the response options might not be culturally relevant or capture everyone. If that is the case, feel free to describe your child's identity in your own words.

. **First Nations, Métis, and Inuit** are some of the terms used to identify Indigenous people in what is now known as Canada.

Indigenous identity is complex and Indigenous people in Canada can refer to themselves with many other terms such as Native, Aboriginal, name of their Nation, etc. Knowing this information can help TDSB to develop programs and supports for Indigenous students in collaboration with the Urban Indigenous Education Centre.

Q6. Does your child identify as an Indigenous person?

(Select all that apply)

- No, my child does not identify as Indigenous
- Yes, First Nations
- Yes, Métis
- Yes, Inuit

Yes, but not sure how to identify my child / which option to select

Yes, but prefer to use my own words (specify):

I don't understand this question

Q7. Is your child Two-Spirit or Indigiqueer?

Yes

No

Not sure

Q8. What is your child's ethnic or cultural origin(s)? (Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Abya Yala | <input type="checkbox"/> German | <input type="checkbox"/> Mohawk |
| <input type="checkbox"/> Adivasi / Scheduled Tribes (Indigenous South Asian) | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Native |
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Greek | <input type="checkbox"/> Nepali (Nepalese) |
| <input type="checkbox"/> Afro-Caribbean | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Nigerian |
| <input type="checkbox"/> Afro-Indigenous | <input type="checkbox"/> Guyanese | <input type="checkbox"/> Ojibwe |
| <input type="checkbox"/> Afro-Latinx | <input type="checkbox"/> Haida | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Haudenosaunee | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> American | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Persian |
| <input type="checkbox"/> Anishinaabe | <input type="checkbox"/> Indian | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Indo-Caribbean | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Aymara | <input type="checkbox"/> Inuit | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Inuu | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Iranian | <input type="checkbox"/> Rohingya |
| <input type="checkbox"/> Black-Caribbean | <input type="checkbox"/> Irish | <input type="checkbox"/> Roma |
| <input type="checkbox"/> Blackfoot | <input type="checkbox"/> Israeli | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Italian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> British | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Saint Lucian |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Salvadorean |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Jewish | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Jewish-Ashkenazi | <input type="checkbox"/> Serbian |

- | | | |
|---|---|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Jewish-Mizrahi | <input type="checkbox"/> Sinhalese |
| <input type="checkbox"/> Chorti-Maya | <input type="checkbox"/> Kashmiri | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Coast Salish | <input type="checkbox"/> Kenyan | <input type="checkbox"/> Spanish (from Spain) |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Korean | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Cree | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Sudanese |
| <input type="checkbox"/> Dalit-Bahujan / Caste-oppressed / Depressed class or Caste | <input type="checkbox"/> Lakota | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Dene | <input type="checkbox"/> Latin American / Latine / Latinx / Latino / Latina | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Dominican | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Lenape | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Lenka | <input type="checkbox"/> Trinidadian/Tobagonian |
| <input type="checkbox"/> English (from England) | <input type="checkbox"/> Macedonian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Eritrean | <input type="checkbox"/> Maliseet | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Māori | <input type="checkbox"/> Uyghurs |
| <input type="checkbox"/> European | <input type="checkbox"/> Mapuche | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Métis (Michif) | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Mexican | <input type="checkbox"/> You don't have an option that applies to my child (specify): |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| <input type="checkbox"/> French | <input type="checkbox"/> Mi'kmaq | |

Not for data collection

Q9.

Which race category best describes your child? (Select all that apply)

If your child identifies as mixed race or more than one group applies to your child, select all the options that apply. For example:

- if your child is Afro-Latinx, you can select both “*Black*” and “*Latino / Latina / Latinx*”,
- if your child is Afro-Indigenous, you can select both “*Black*” and “*Indigenous*”;
- if your child identifies as Chinese and White, you can select both “*East Asian*” and “*White*”, etc.

- Black** (like African, Afro-Caribbean, African-Canadian descent, etc.)
- East Asian** (like Chinese, Korean, Japanese, Taiwanese descent, etc.)
- Indigenous** (like First Nations, Métis, Inuit descent, etc.)

- Latino / Latina / Latinx** (like Latin American, Hispanic descent, etc.)
- Middle Eastern** (like Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- Southeast Asian** (like Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent, etc.)
- South Asian** (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- White** (like European descent, etc.)
- Prefer to use my own words
- I don't understand this question

Q9a. If you would like to share more information about your child's Black identity, please select all that apply:

- African (like Somali, Ethiopian, Nigerian, Ghanaian, etc.)
- Afro-Caribbean (like St. Lucian, Jamaican, Vincentian, Trinidadian, Tobagonian, Haitian, etc.)
- Black (prefer to use my own words):

Q9b. If you would like to share more information about your child's Indigenous identity, please select all that apply:

- First Nations
- Inuit / Inuk
- Métis
- Indigenous communities outside of what is now known as Canada (like Native Mexican, Native Alaskan, Native American, Aboriginal Person of Australia, Adivasi, Pacific Islander, Indigenous Person of Abya Yala (currently known as Latin America), etc.) (specify optional):
- Indigenous (prefer to use my own words):

Q10. What is your child's religion or spiritual belief? My child is:
(Select all that apply)

- Buddhist
- Christian (like Catholic, Protestant, Orthodox, etc.)
- Hindu

- Indigenous Spirituality
- Jewish
- Muslim
- Sikh
- Spiritual, but not religious
- Another religion or belief not in this list (specify):
- Religion is not a part of my child's life
- I do not understand this question

Q11. Which of the following terms best describe your child's current gender identity? (Select all that apply)

- Boy
- Girl
- Non-Binary, N.B. or enby
- Transgender or Trans
- Two-Spirit or Indigiqueer
- You don't have an option that applies to my child, my child's current gender identity is: (specify)
- I don't understand this question

Q12. Is your child a student with a disability or a disabled person?

- Yes
- No
- Not sure

Q13. If you want to, please tell us which disability or disabilities your child has. (Select all that apply)

- Autism
- Attention Deficit Hyperactivity Disorder/ADHD (like inattention, hyperactivity, impulsivity, etc.)
- Seeing (like blind or low vision)
- Hearing (like deaf or hard of hearing)
- Speech (like stuttering, etc.)
- Learning (like dyslexia, memory, etc.)
- Developmental (like down syndrome, cerebral palsy, etc.)

- Medical or long term health conditions (like asthma, diabetes, cancer, epilepsy, covid related, etc.)
- Mental health (like anxiety, addiction, depression, eating disorder, etc.)
- Physical (like movement, long-term pain, etc.)
- Describe your child's disability (specify)
- My child does not have a disability
- I don't understand this question

Q14. At school, my child has experienced the following accessibility barriers: (Select all that apply)

- Physical inaccessibility
- Negative attitudes and stereotypes
- Technological inaccessibility
- Lack of accommodations
- Lack of support from school staff
- None of these apply to my child
- Other (specify):

Not for data collection