

2022-2023 CCCC Survey G4-12+

Note: The CCCC Survey includes display and skip "logic" to ensure students see grade-specific language and items, as appropriate. Display logic programming is indicated in this document using white text within blue highlights. Skip logic appears in white text within grey highlights.

Start of Block: Welcome

Welcome!

Under Ontario's *Education Act*, school boards must ask students to answer a survey about school climate. This survey asks questions about you and how you feel about school. Your answers to this survey will let us know what we need to do to help make your school climate better.

This survey is anonymous, confidential, and will only be used by the Dufferin-Peel Catholic District School Board (DPCDSB). That means no one will know who you are, and your answers may be shared but your identity will be protected. All survey information is kept private on a secured DPCDSB computer network, where only our researchers can use it to report findings for groups of students to our staff and on DPCDSB's website.

This survey is not a test and there are no right or wrong answers. Take your time and please be sure to answer each question based on what you really think. This survey is voluntary, so you may answer none, some, or all of the questions, if you like.

If you agree with the above points and want to participate, click the "Next" button.

What **type of school** are you in this year?

- Elementary school (Kindergarten to Grade 8)
- Secondary school (Grade 9 to Grade 12+)

End of Block: Welcome

Start of Block: Required Student Information

What is the name of your school?

▼ Dropdown with each DPCDSB school name

What grade are you in this year?

Display This Choice:

If What type of school are you in this year? = Elementary school (Kindergarten to Grade 8)

Grade 4

Display This Choice:

If What type of school are you in this year? = Elementary school (Kindergarten to Grade 8)

Grade 5

Display This Choice:

If What type of school are you in this year? = Elementary school (Kindergarten to Grade 8)

Grade 6

Display This Choice:

If What type of school are you in this year? = Elementary school (Kindergarten to Grade 8)

Grade 7

Display This Choice:

If What type of school are you in this year? = Elementary school (Kindergarten to Grade 8)

Grade 8

Display This Choice:

If What type of school are you in this year? = Secondary school (Grade 9 to Grade 12+)

Grade 9

Display This Choice:

If What type of school are you in this year? = Secondary school (Grade 9 to Grade 12+)

Grade 10

Display This Choice:

If What type of school are you in this year? = Secondary school (Grade 9 to Grade 12+)

Grade 11

Display This Choice:

If What type of school are you in this year? = Secondary school (Grade 9 to Grade 12+)

Grade 12+

Display This Question:

If What is the name of your school? = Father Clair Tipping

Or What is the name of your school? = St Paul

Or What is the name of your school? = St Vincent de Paul

How are you learning at school this year?

I **come to the school in-person** most of the time.

I am learning through **remote school only**.

How do you identify your gender?

Boy or man

Girl or woman

I would like to type my answer:

Display This Question:

Or What grade are you in this year? = Grade 9

Or What grade are you in this year? = Grade 10

Or What grade are you in this year? = Grade 11

Or What grade are you in this year? = Grade 12+

What is your sexual orientation? Select all that apply:

Straight / Heterosexual

Lesbian

Gay

Bisexual

Two-Spirit

Queer

- Questioning
- Asexual
- Pansexual
- A sexual orientation(s) not listed above (please specify):
-

- Not sure
- I don't understand this question
- I prefer not to answer

Do you get help at school learning English as a Second Language (ESL)?

- Yes
- No
- I'm not sure

Do you have an **Individual Education Plan (IEP)** to help you learn at school?

- Yes
- No
- I'm not sure

End of Block: Required Student Information

Start of Block: Student Languages

What language(s) do you **usually speak at home**? You can check more than one language if needed.

- English
- Arabic
- Assyrian
- French
- Hindi
- Italian
- Malayalam
- Mandarin
- Patois
- Polish
- Portuguese
- Punjabi
- Spanish
- Tagalog or a Filipino language
- Tamil
- Twi
- Ukrainian

- Urdu
 - Vietnamese
 - Yoruba
 - Other (please specify):
-

End of Block: Student Languages

Start of Block: Heritage

Were you born in Canada?

- Yes
- No

Display This Question:

If Were you born in Canada? = No

How long have you been in Canada?

- Two years or less
 - 3 to 5 years
 - 6 to 10 years
 - 11 years or more
-

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

- No
- Yes, First Nations
- Yes, Inuit
- Yes, Métis
- Yes, another Indigenous identity (please specify):

What is(are) your **ethnic or cultural** origin(s)? Please use the list below to describe your background. This list is not a list of countries; however, it notes countries, nations, states, and groups as examples that may help you describe yourself. You can pick as many as you need to describe yourself.

- First Nations, Métis, or Inuit
- Canada (non-Indigenous)
- United States of America
- Caribbean or West Indies (e.g., Trinidad, Jamaica, Dominica, Guyana)
- Latin America (e.g., Mexico, Ecuador, Colombia)
- South America (e.g., Peru, Argentina, Brazil)
- Northern Africa (e.g., Egypt, Morocco, Algeria)
- Southern Africa (e.g., South Africa, Zimbabwe, Lesotho)
- Western Africa (e.g., Nigeria, Ghana, Senegal)
- Eastern Africa (e.g., Somalia, Kenya, Tanzania)

- Northern Europe (e.g., England, Ireland, France)
 - Southern Europe (e.g., Italy, Portugal, Croatia)
 - Eastern Europe (e.g., Poland, Slovakia, Russia)
 - Middle East (e.g., Syria, Iraq, Lebanon)
 - Eastern Asia (e.g., China, Korea, Japan)
 - Southern Asia (e.g., India, Goa, Punjab, Pakistan, Sri Lanka)
 - South Eastern Asia (e.g., Philippines, Viet Nam, Thailand)
 - Australia
 - Pacific Islands (e.g., Fiji, New Zealand, Tahiti)
 - I'm not sure
 - I don't understand this question
 - An ethnic or cultural group not listed above (please specify):
-

As a Catholic community, we believe we are all members of one human race. However, people are often described by their **race** or racial background. For example, some people are considered "Black" or "White" or "East Asian". Which race category or categories best describe you? You may choose all that apply to you.

- Black (African, African-Caribbean, African-Canadian descent)
- East Asian (Chinese, Japanese, Korean, Taiwanese descent)
- Indigenous (First Nation, Métis, Inuit descent)
- Latino/Latina/Latinx (Latin American, Hispanic descent)

- Middle Eastern (Arab, Persian, West Asian descent, for example: Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- South Asian (South Asian descent, for example: Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- Southeast Asian (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other South Asian descent)
- White (European descent)
- A race or racial background not listed above (please specify):
-

Display This Question:

If What grade are you in this year? = Grade 9

Or What grade are you in this year? = Grade 10

Or What grade are you in this year? = Grade 11

Or What grade are you in this year? = Grade 12+

What is your religion and/or spiritual affiliation? Select all that apply.

- Agnostic
- Atheist
- Buddhist
- Catholic
- Christian (but **not Catholic**)
- Hindu
- Jewish
- Muslim

- Sikh
 - Spiritual, but not religious
 - No religious or spiritual affiliation
 - Religion(s) and/or spiritual affiliation(s) not listed above (please specify):
-

- Not sure
- I do not understand this question

At your school, do you feel your heritage or culture is **shown positively** in:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	My heritage is not shown here
Pictures or posters in the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displays of student work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials used in class (for example, books or videos)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussion and presentations about topics studied in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School publications (for example, yearbooks, newspapers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	My heritage is not shown here
Special events and celebrations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guest speakers and/or conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course offerings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Heritage

Start of Block: School Climate Original

This section asks questions about the school climate at your school. School climate includes things like how people treat each other and how safe and accepting the school is, whether you attend in-person or remotely.

Please indicate how much you agree or disagree with the following statements about school climate.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I feel accepted by other students at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My school is a friendly place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is an adult at my school who listens to me when I have something to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School rules are fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I feel accepted for who I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make friends easily at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults at school believe all students can be successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is an adult at school who I feel comfortable talking to about things that are bothering me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students help each other, even if they are not friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I help decide things like class activities and/or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School is a place where I feel like I belong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults at my school help students feel safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: School Climate Original

Start of Block: Well-Being at School

This section asks questions about your feelings and behaviours. It is important to remember that it is okay to feel happy when something positive happens to you, sad or angry when a bad event occurs, or scared and anxious if you are dealing with something that worries you.

Remember, **if you are having a hard time, tell a trusted adult or friend** to get help. You can also contact [Kids Help Phone](#) to speak to someone.

Students will be shown, at random, one or the other of the sets of questions below.

For each of the following statements, please select the response that best describes you now, or since the beginning of this school year.

	A lot like me	A little like me	A bit like me and a bit not like me	Not that much like me	Not at all like me
I feel excited for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel relaxed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can deal with problems well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to make up my mind about things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When making a decision, I think about what might happen afterwards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get along well with others at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel bored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OR

How often do you feel:

	All the time	Often	Sometimes	Rarely	Never
Good about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeful about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You like the way you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tired for no reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Under a lot of stress or pressure (for example, stressed out)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have anyone you can talk to about yourself or about any problems you may have?

Yes

No

Display This Question:

If Do you have anyone you can talk to about yourself or about any problems you may have? = Yes

Who do you talk to about yourself or your problems? Check all that apply.

Parent or guardian

Other family member

- Friends at school
- Friends outside of school
- Adults at school (for example, teacher, social worker, Student Success Teacher)
- Adults outside of school (for example, priest, coach, family doctor)
- Other (please specify):

Since the beginning of the school year, have you gotten any help at your school for **mental health and well-being**? Mental health concerns include problems you might have with feelings, paying attention, and/or behaviours.

- Yes
- No
- I'm not sure

Display This Question:

If Since the beginning of the school year, have you gotten any help at your school for mental health... = No

If you did not get help for your mental health and well-being at your school, what was the reason? You may check more than one choice.

- I do not need help for my mental health and well-being.
- My school did not offer me any supports and/or programs to help with my mental health and well-being.
- I don't know how to access school supports for my mental health and well-being.
- I was afraid others would find out I was getting help for my mental health and well-being.

End of Block: Well-Being at School Original

Start of Block: Learning at School Original

This section asks questions about how you feel about your own learning at school.

Think about your learning at school. How much do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I believe that I can be successful in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I make mistakes, I do my best to learn from them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to use some of the things I learn in school in other parts of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I can't understand my school work, I keep trying until I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not afraid to share my ideas in class, even if I might be wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting good grades or marks is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I set goals for my learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I enjoy learning new concepts and ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask for help from my teachers or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Studying and doing homework help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Learning at School Original

Start of Block: Learning Skills and Challenge Elementary

This section asks you questions about Math, Language Arts, and Science lessons.

Based on your school work and your report card, how do you feel you did in **mathematics**?

- Lower than Level 1 (less than 50%)
 - Level 1 (50%-59%)
 - Level 2 (60%-69%)
 - Level 3 (70-79%)
 - Level 4 (80-100%)
-

Think about the **mathematics** lesson from this year. Please tell us whether you agree or disagree with each of the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I got bored in class because math lessons were too easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mathematics lessons were very challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We dealt with difficult material in mathematics lessons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on your school work and report card, how do you feel you did in **Language Arts**, including if you take **English as a Second Language (ESL)**?

- Lower than Level 1 (less than 50%)
- Level 1 (50%-59%)
- Level 2 (60%-69%)
- Level 3 (70-79%)
- Level 4 (80-100%)

Think about the Language Arts lessons (including if you take ESL), from this year. Please tell us whether you agree or disagree with each of the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I got bored in class because language arts or ESL lessons were too easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language arts or ESL lessons were very challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We dealt with difficult material in language arts or ESL lessons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Based on your school work and your report card, how do you feel you did in **science**?

- Lower than Level 1 (less than 50%)
- Level 1 (50%-59%)
- Level 2 (60%-69%)
- Level 3 (70-79%)
- Level 4 (80-100%)

Think about the **science** lessons from this year. Please tell us whether you agree or disagree with each of the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I got bored in class because science lessons were too easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Science lessons were very challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We dealt with difficult material in science lessons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Learning Skills and Challenge Elementary

Start of Block: Learning Skills and Challenges Secondary

This section asks you questions about Math, English, and Science courses. Use the question below to tell us about the subjects you have studied at school this year.

Which of the following courses did you take in Semester 1 at school this year? Check all that apply.

- Mathematics
- English or English as a Second Language (ESL)

Science (for example: Grades 9 or 10 Science; Biology; Chemistry; Physics)

Display This Question:

If Which of the following courses did you take in Semester 1 at school this year? Check all... = Mathematics

Based on your school work and your report card, how do you feel you did in **mathematics**?

- Lower than Level 1 (less than 50%)
- Level 1 (50%-59%)
- Level 2 (60%-69%)
- Level 3 (70-79%)
- Level 4 (80-100%)

Display This Question:

If Which of the following courses did you take in Semester 1 at school this year? Check all... = Mathematics

Think about the **mathematics** classes from this year. Please tell us whether you agree or disagree with each of the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I got bored in class because math lessons were too easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mathematics classes were very challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We dealt with difficult material in mathematics classes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Which of the following courses did you take in Semester 1 at school this year? Check all... = English or English as a Second Language (ESL)

Based on your school work and report card, how do you feel you did in **English or English as a Second Language (ESL)**?

- Lower than Level 1 (less than 50%)
- Level 1 (50%-59%)
- Level 2 (60%-69%)
- Level 3 (70-79%)
- Level 4 (80-100%)

Display This Question:

If Which of the following courses did you take in Semester 1 at school this year? Check all... = English or English as a Second Language (ESL)

Think about the **English or English as a Second Language** classes from this year. Please tell us whether you agree or disagree with each of the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I got bored in class because English lessons were too easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English classes were very challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We dealt with difficult material in English classes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Which of the following courses did you take in Semester 1 at school this year? Check all... = Science (for example: Grades 9 or 10 Science; Biology; Chemistry; Physics)

Based on your school work and your report card, how do you feel you did in **science** classes (for example, Grades 9 or 10 science, biology, chemistry, and/or physics)?

- Lower than Level 1 (less than 50%)
- Level 1 (50%-59%)
- Level 2 (60%-69%)
- Level 3 (70-79%)
- Level 4 (80-100%)

Display This Question:

If Which of the following courses did you take in Semester 1 at school this year? Check all... = Science (for example: Grades 9 or 10 Science; Biology; Chemistry; Physics)

Think about the **science** classes from Semester 1 of this year. Please tell us whether you agree or disagree with each of the following statements.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I got bored in class because science lessons were too easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Science classes were very challenging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We dealt with difficult material in science classes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Learning Skills and Challenges Secondary

Start of Block: Overall Achievement

How do you think you are doing in school overall?

- Lower than Level 1 (less than 50%)
- Level 1 (50%-59%)
- Level 2 (60%-69%)
- Level 3 (70-79%)
- Level 4 (80-100%)

End of Block: Overall Achievement

Start of Block: Inclusion at School

The next question asks you about your experience of being excluded or not accepted at school.

Remember, **if you have been excluded, tell a trusted adult or a friend** and talk it out or get help if needed. You can also contact [Kids Help Phone](#) to speak to someone.

During this school year, how often have you felt that you were excluded (not accepted) at school because of any of the following reasons?

	Almost every day	Once or twice this week	Once or twice this month	Once or twice this school year	Never
Your ethnocultural or racial background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Indigenous background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your physical abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your learning abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your beliefs, faith, or religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Almost every day	Once or twice this week	Once or twice this month	Once or twice this school year	Never
The gender with which you identify.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your interests or hobbies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your grades or marks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much money people think your family has.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Display This Choice:</i></p> <p><i>If What grade are you in this year? = Grade 8</i></p> <p><i>If What grade are you in this year? = Grade 9</i></p> <p><i>Or What grade are you in this year? = Grade 10</i></p> <p><i>Or What grade are you in this year? = Grade 11</i></p> <p><i>Or What grade are you in this year? = Grade 12+</i></p> <p>Your sexual orientation.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not sure why, but I get excluded.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions in this section ask you about your experience of bullying and aggression (for example: name calling, being the focus of rumors and gossip, being hit or kicked or pushed, being threatened in person or over the internet, being excluded on purpose) at school.

Remember, **if you have been bullied or experienced aggression, tell a trusted adult or a friend** and talk it out or get help if needed. You can also contact [Kids Help Phone](#) to speak to someone, or make a report on your school's Safe Schools Reporting Tool.

How often have you:

	Almost every day	Once or twice this week	Once or twice this month	Once or twice this school year	Never
Worried about being bullied at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt bullied at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seen others get bullied at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullied someone else at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How likely are you to tell adults at school **if you get bullied?**

- Very likely
- Somewhat likely
- Not that likely
- Not likely at all

How likely are you to tell adults at school **if you see others get bullied?**

- Very likely
- Somewhat likely
- Not that likely
- Not likely at all

During this school year, how many times has someone from school done the following:

	Never	Once or twice this school year	Once or twice this month	Once or twice this week	Almost every day
Made fun of you, called you names, or insulted you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spread rumours about you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened you with harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushed you, shoved you, tripped you, or spit on you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened or insulted you through email, instant messaging, text messaging, or an online game	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded you from an online community on purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to make you do things you did not want to do, for example, give them money or other things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded you from activities on purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Destroyed your belongings on purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once or twice this school year	Once or twice this month	Once or twice this week	Almost every day
Posted hurtful information about you on the Internet, for example, on social networking sites like Twitter or Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually assaulted or harassed you through the use of sexual comments, text messages/photos, gestures, and/or physical contact of a sexual nature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Skip To: End of Block If During this school year, how many times has someone from school done the following: [Never] (Count) = 11

During this school year, how many times has anyone from school called you a bad name, left you out, hurt or harassed you, or posted mean things about you online, because of any of the following reasons?

	Never	Once or twice this school year	Once or twice this month	Once or twice this week	Almost every day
Your ethnocultural or racial background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Indigenous background.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your physical abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your learning abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your beliefs, faith, or religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The gender with which you identify.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Once or twice this school year	Once or twice this month	Once or twice this week	Almost every day
Your appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your interests or hobbies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your grades or marks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much money people think your family has.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p><i>Display This Choice:</i></p> <p><i>If What grade are you in this year? = Grade 8</i></p> <p><i>If What grade are you in this year? = Grade 8</i></p> <p><i>Or What grade are you in this year? = Grade 9</i></p> <p><i>Or What grade are you in this year? = Grade 10</i></p> <p><i>Or What grade are you in this year? = Grade 11</i></p> <p><i>Or What grade are you in this year? = Grade 12+</i></p> <p>Your sexual orientation.</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not sure why I was treated this way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the last time someone called you a bad name, left you out, hurt or harassed you, or posted mean things about you online. What did you do? Check all that apply.

- I ignored it.
 - I told an adult at home about it.
 - I told an adult at school about it.
 - I told an adult outside of school about it.
 - I called or visited a helpline.
 - I made a report using my school's online reporting tool.
 - I fought back.
 - I told another student about it.
 - I prayed it would stop.
 - I looked for help on the internet.
 - Other (please specify):
-

Display This Question:

If Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... = I ignored it.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I told an adult at home about it.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I told an adult at school about it.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I told an adult outside of school about it.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I called or visited a helpline.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I made a report using my school's online reporting tool.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I fought back.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I told another student about it.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I prayed it would stop.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != I looked for help on the internet.

And Think about the last time someone called you a bad name, left you out, hurt or harassed you, or p... != Other (please specify):

If you did not do anything the last time someone called you a bad name, left you out, hurt or harassed you, or posted mean things about you online, what was the reason? You can check all that apply.

- I was afraid the person would get back at me for telling on them.
- I did not know what to do or who to talk to.
- I did not want to tell on other people.
- I didn't want to get in trouble for telling.
- I didn't think it was a big deal.
- I thought if I told someone, they wouldn't do anything about it.

End of Block: Inclusion at School
