



## VALUING VOICES IDENTITY MATTERS- JK-Grade 6 Survey

November 2019

Dear Parents and Guardians:

The Ottawa-Carleton District School Board (OCDSB) has a strong commitment to improving equity of access and opportunity for all students. We recognize the need for data to better understand our students and how they are being served. The *Valuing Voices – Identity Matters!* Student Survey will gather information about the OCDSB student population (Kindergarten through Grade 12) in order to:

- better understand the unique and diverse characteristics of the student population;
- identify and respond to barriers to student learning and well-being; and
- enhance our capacity to serve an increasingly diverse student population and client communities.

As a parent or guardian of a child in Kindergarten to Grade 6 in the OCDSB, you are invited to complete this survey on behalf of your child. The survey is both voluntary and confidential. You may choose to skip any or all questions should you choose to do so. Each survey contains a unique identifier that will allow research staff at the District office to link survey responses to other data in order to answer questions about:

- **Achievement Gaps** – whether certain groups of students achieve at the same rate;
- **Suspension and Expulsion Rates** – whether certain groups of students are suspended or expelled at a higher rate;
- **Streaming** – whether certain groups of students are over or under-represented in particular programs or streams (e.g., academic versus applied courses; English with Core French versus Elementary French Immersion);
- **Sense of Belonging** - whether certain groups of students feel more engaged/disengaged at school; and
- **Feeling Safe at School** – whether certain groups of students feel more or less safe at school.

Results from the survey will be reported at an aggregate level and in such a way as to maintain confidentiality. If you have any questions or require accessibility support, please contact [valuingvoices@ocdsb.ca](mailto:valuingvoices@ocdsb.ca).

Your participation is greatly appreciated!

*This information is collected under the authority of the Education Act, R.S.O. 1990, Sections 169.1, 170 (1) and 171 (1), the Antiracism Act 2017, and in accordance with Section 29 (2) of the Municipal Freedom of Information and Protection of Privacy Act. Questions or concerns about the collection, use or disclosure of personal information should be directed to the Freedom of Information Officer, Ottawa-Carleton District School Board, 613-596-8211 ext. 8310.*



**Q1. What is the first language(s) your child learned to speak? Select all that apply:**

*(The online version of this question contains 76 language options to choose from)*

- |  |   |
|--|---|
| <input type="checkbox"/> Albanian  | <input type="checkbox"/> Italian  |
| <input type="checkbox"/> American Sign Language                            | <input type="checkbox"/> Korean   |
| <input type="checkbox"/> Arabic  | <input type="checkbox"/> Malayalam  |
| <input type="checkbox"/> Bengali   | <input type="checkbox"/> Polish   |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Portuguese                                       |
| <input type="checkbox"/> Croatian  | <input type="checkbox"/> Punjabi  |
| <input type="checkbox"/> Dari  | <input type="checkbox"/> Russian  |
| <input type="checkbox"/> Dutch   | <input type="checkbox"/> Serbian  |
| <input type="checkbox"/> English   | <input type="checkbox"/> Somali   |
| <input type="checkbox"/> Farsi   | <input type="checkbox"/> Spanish  |
| <input type="checkbox"/> French  | <input type="checkbox"/> Tagalog  |
| <input type="checkbox"/> German  | <input type="checkbox"/> Tamil  |
| <input type="checkbox"/> Greek   | <input type="checkbox"/> Ukrainian  |
| <input type="checkbox"/> Gujarati  | <input type="checkbox"/> Urdu   |
| <input type="checkbox"/> Hebrew  | <input type="checkbox"/> Vietnamese                                       |
| <input type="checkbox"/> Hindi   | <input type="checkbox"/> Not sure   |
| <input type="checkbox"/> Hungarian   | <input type="checkbox"/> A language(s) not listed (please specify): _____ |
| <input type="checkbox"/> Indigenous language(s)<br>(please specify): _____ |   |



**Q2. Does your child identify as First Nations, Métis, and/or Inuit? Select all that apply:**

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

**If yes,** you may provide additional information about the nation, territory, region, or community to which your child belongs:

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**Q3. Does your child consider themselves a Canadian?**

- Yes
- No
- Not sure

*Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic and/or religious characteristics.*

**Q4. What is your child's ethnic or cultural origin(s)? Select all that apply**

*(The online version of this question contains 237 ethnic origins to choose from)*

- |  |   |
|--|---|
| <input type="checkbox"/> Anishnaabe    | <input type="checkbox"/> Jamaican                                       |
| <input type="checkbox"/> Canadian      | <input type="checkbox"/> Jewish   |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Korean   |
| <input type="checkbox"/> Colombian     | <input type="checkbox"/> Lebanese                                       |
| <input type="checkbox"/> Cree          | <input type="checkbox"/> Métis  |
| <input type="checkbox"/> Dutch         | <input type="checkbox"/> Mi'kmaq  |
| <input type="checkbox"/> East Indian   | <input type="checkbox"/> Ojibwé   |
| <input type="checkbox"/> English       | <input type="checkbox"/> Pakistani                                      |
| <input type="checkbox"/> First Nation  | <input type="checkbox"/> Polish   |
| <input type="checkbox"/> French        | <input type="checkbox"/> Portuguese                                     |
| <input type="checkbox"/> Filipino      | <input type="checkbox"/> Scottish                                       |
| <input type="checkbox"/> German        | <input type="checkbox"/> Somali   |
| <input type="checkbox"/> Guyanese      | <input type="checkbox"/> Sri Lankan                                     |
| <input type="checkbox"/> Haudenosaunee | <input type="checkbox"/> Ukrainian                                      |
| <input type="checkbox"/> Inuit         | <input type="checkbox"/> Another ethnicity not listed (please specify): |
| <input type="checkbox"/> Iranian       | _____   |
| <input type="checkbox"/> Irish         |   |
| <input type="checkbox"/> Italian       |   |



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

**Q5. In our society, people are often described by their race or racial background. Which racial group(s) best describes your child? Select all that apply.**

- Black** (African, Afro-Caribbean, African-Canadian descent)
- East Asian** (Chinese, Korean, Japanese, Taiwanese descent)
- Indigenous** (First Nations, Métis, Inuit descent)
- Latino/Latina/Latinx** (Latin American, Hispanic descent)
- Middle Eastern** (Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- South Asian** (South Asian descent, e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- Southeast Asian** (Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White** (European descent)
- A racial group(s) not listed above** (please specify below):

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*People can be treated differently based on their religion, or perceived religion, which can lead to negative impacts and unequal outcomes. Islamophobia and antisemitism are examples of the way religion can be racialized. People can experience racism not only based on skin colour but also other perceived characteristics that are associated with religion.*

**Q6. What is your child’s religion, creed and/or spiritual affiliation? Select all that apply.**

- Agnostic
- Atheist
- Buddhist
- Christian
- Hindu
- Indigenous Spirituality
- Jewish
- Muslim
- Sikh
- Spiritual, but not religious
- No religious or spiritual affiliation
- Religion(s) or spiritual affiliation(s) not listed above (please specify below):  
\_\_\_\_\_
- Not sure
- I do not understand this question



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

**Q7. What is your child's gender identity? Select all that apply.**

- Boy or man
- Gender Fluid
- Gender Non-conforming
- Girl or woman
- Non-Binary
- Questioning
- Trans boy or man
- Trans girl or woman
- Two-Spirit
- Gender identity(ies) not listed above (please specify below):  
\_\_\_\_\_
- Not sure
- I do not understand this question
- I prefer not to answer



*Sexual orientation refers to a person's sense of sexual attraction to the people of the same or different sex.*

**Q8. What is your child's 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 do not understand this question
- I prefer not to answer



*Some people identify as having a disability because of a permanent or long-term health condition that makes it difficult for them to function in an environment that is not fully inclusive and accessible. A person's disability may be diagnosed or not diagnosed. It may be hidden or visible. Some students who have disabilities may have a special plan at school to help them (an Individual Education Plan or IEP), but some do not.*

**Q9. Does your child have a disability?**

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

**If yes, please select all that apply:**

- Addiction(s)
- Autism Spectrum Disorder
- Blind or low vision
- Chronic pain
- Deaf or hard of hearing
- Developmental disability(ies)
- Learning disability(ies)
- Mental health disability(ies)
- Mobility
- Physical disability(ies)
- Speech impairment
- Any disability not listed above (please specify):  
\_\_\_\_\_





**Q10. Was your child born in Canada?**

- Yes
- No

**If no, is your child currently:**

- a Canadian citizen
- a member of an Indigenous community (e.g., First Nations, Inuit, Metis)
- an international student (enrolled through a study permit)
- a landed immigrant/permanent resident
- a refugee claimant
- a conventional refugee
- a member of a diplomatic family
- Not sure
- I do not understand this question



**Q11. What is the total household income of your family for one year?**

- <\$19,999
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 to \$99,999
- \$100,000 to \$119,000
- \$120,000 to \$139,999
- \$140,000 +
- I prefer not to answer

**Q12. How many people live in your home on a regular basis?**

	1	2	3	4	5 or more
Under 18 years of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 years of age and older	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q13. Thinking about your child’s experience in school, please indicate your level of agreement with each of the following statements:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
My child feels accepted by other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels accepted by staff and adults in the school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels respected at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels like their identity is welcomed at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels like they are part of the school community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child has the same opportunities for a quality education as other children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q14. In general, how often does your child:**

	All the time	Often	Sometimes	Rarely	Never	Not sure
Seem happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seem to enjoy their daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seem irritable or in a bad mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seem nervous or anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seem tired in the morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complain of headaches/stomach aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not want to go to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



*In the Ottawa-Carleton District School Board, our goal is to have every student leave our school district with the required characteristics and skills to be a 21st-century success story. The OCDSB exit outcomes listed below provide a target for every OCDSB student, regardless of program pathway.*

**Q15. How would you describe your child in terms of their:**

	Excellent	Good	Satisfactory	Needs Improvement	Not Sure
<b>Academic Diversity</b> (e.g., exposure and interest in a range of subjects)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Creativity</b> (e.g., imagination or coming up with new ideas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Critical thinking</b> (e.g., reasoning and connecting different ideas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Collaboration</b> (e.g., working with other people)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Communication</b> (e.g., being able to express feelings, ideas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Global Awareness</b> (e.g., empathetic and responsive to the local and global community)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Excellent	Good	Satisfactory	Needs Improvement	Not Sure
<b>Digital Fluency</b> (e.g., using technology to enhance learning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Decision Making</b> (e.g., making ethical decisions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Goal Setting</b> (e.g., self-motivation and sense of responsibility)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Resiliency</b> (e.g., faces and overcomes challenges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q16. To what extent does your child feel a sense of belonging at school?**

- Strong
- Moderate
- Low
- Not sure

**If strong is selected, what has helped to create a sense of belonging for your child at school? (150 words)**

**If moderate or low is selected, what would create a greater sense of belonging for your child at school? (150 words)**



**Q17. Please indicate which of the following activities your child currently participates in and those they would like to participate in (select all that apply):**

	My child currently participates in these activities:		My child would like to participate in these activities, but is unable to do so:
	in school	outside school	.
<b>Arts</b> (e.g., visual arts, drama, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cultural group activities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership programs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Music</b> (e.g., band, choir)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>School clubs</b> (e.g., chess, environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>School publications</b> (e.g., yearbooks, newspapers, websites)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>School special events</b> (e.g., dances, concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Team sports</b> (e.g., track and field, basketball, soccer, cricket, hockey).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Student council activities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Youth Programs, clubs or organizations</b> (e.g., Cadets, Guides, Wabano After School Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Volunteer activities</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**[If “My child would like to participate in these activities, but is unable to do so” is selected for any activity],**

**What prevents your child from participating in extra curricular activities?**

- Ability/skill
  - Accessibility (e.g., physical barriers)
  - Cost
  - Cultural reasons
  - Distance or location
  - Family values
  - Time
  - Transportation
  - Other (please specify below)
- 

**Q18. At my child’s school, I feel people like my child are reflected positively in:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not sure
<b>Pictures, posters and displays in school</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Learning materials teachers use in class</b> (e.g., books, videos/films)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Lessons or curriculum content</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Extra-curricular activities</b> (e.g., sports, clubs, art activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>School events/activities</b> (e.g., extra-curricular activities, cultural celebrations, religious/faith/ethnic activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q19. At school, my child has opportunities to:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
Express their identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about their own background and identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about the background and identity of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q20. Has your child experienced being stereotyped, prejudice or discrimination at school as a result of their:**

	Often	Sometimes	Rarely	Never	Not Sure
Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grades or achievement level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigenous background (e.g., First Nations, Metis, Inuit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion or faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reasons(Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q21. Please indicate your level of agreement with each of the following statements regarding your child's sense of safety:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
My child feels safe in the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe in the other parts of the school (e.g., gym, cafeteria, washroom, hallways)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe outside on school property (e.g., schoolyard, school parking lot)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe in the neighbourhood beside/around school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe on their way to and from school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe on the school bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



*Bullying is when a person tries to hurt another person, and does it more than once. It can be physical, verbal, or social, and can also take place over the internet with emails or text messages. The bully is usually in a position of real or perceived power over the victim.*

**Q22. To the best of your knowledge in the past 4 weeks, how often has your child been:**

	All the time	Often	Sometimes	Rarely	Never
<b>Worried about being bullied</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Physically bullied?</b> (e.g., pushed, punched, or scared by someone).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Cyber bullied?</b> (e.g., called names, teased, threatened by email, text messages, or social media).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Socially bullied?</b> (e.g., excluded by others, had rumors spread about you, or had someone try to make you look bad).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Verbally bullied?</b> (e.g., called names, teased, threatened, or received negative comments).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Q23 Do you have anything else you would like to share with us?**

- Yes
- No

**If yes, please share any additional comments (150 words)**

**Thank you for participation.**

**The information you have provided will be extremely helpful as we work towards identifying and removing barriers and bias in our system to better meet the needs of all students.**

**We would like to reassure you that your responses will remain confidential.**

**Preliminary results will be available in Spring 2020.**