

PVNC Demographic Survey - For Parents and Guardians

Your participation in the Student Census is important to us in order to better learn about and serve our PVNC community. The higher the completion rate, the more reliable the information will be to help us identify and remove systemic barriers.

This confidential, anonymous survey will take approximately 15 minutes to complete and is entirely voluntary.

You may choose to skip questions if you do not wish to provide answers.

PVNC respects the privacy of our students and families. Data will be collected in a secure manner as directed by applicable privacy legislation and best practices.

Reports will never single out or identify a student or family. Data will only be reported in a summarized way to highlight our community's needs.

Translations have been generated automatically by the system software using Google Translate. If you have a concern with a translation, please contact Shannon Carr at scarr@pvncdsb.on.ca

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

- | | |
|---|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Albanian | <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"/> A language not listed above (please specify): _____ |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Indigenous language(s) | |

Does your child identify as First Nations, Métis, and / or Inuit? If yes, select all that apply:

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

Does your child consider themselves a Canadian?

- Yes
- No
- Not Sure

What is your child's ethnic or cultural origin(s)? Specify as many ethnic or cultural origins as apply.

For example, Anishnaabe, Canadian, Chinese, Colombian, Cree, Dutch, East Indian, English, French, Filipino, German, Guyanese, Haudenosaunee, Inuit, Iranian, Irish, Italian, Jamaican, Jewish, Korean, Lebanese, Métis, Mi'kmaq, Ojibwé, Pakistani, Polish, Portuguese, Scottish, Somali, Sri Lankan, Ukrainian, etc.

Please specify: _____

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: _____

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

- Agnostic
- Atheist
- Buddhist
- Christian - Catholic
- Christian - non-Catholic
- Native Hawaiian or Pacific Islander
- Other
- Jewish
- Muslim
- Sikh
- Religion(s) or spiritual affiliation(s) not listed above. Please specify: _____
- Spiritual, but not religious
- No religious or spiritual affiliation
- Not sure
- I do not understand this question

What is your child's gender identity?

- Boy / Man
- Girl / Woman
- My child's gender identity is not listed above. If you select this option, you will be invited to specify your child's gender identity in the next question.

The next question is displayed when the answer to the above question is "My child's gender identity is not listed above"

In the previous question, you indicated that your child's gender identity was not listed. What is your child's gender identity? Select all that apply.

- Gender Fluid
- Gender Nonconforming
- Non-Binary
- Questioning
- Trans Boy or Man
- Trans Girl or Woman
- Two-Spirit
- Gender Identity(ies) not listed above. Please specify: _____
- Not sure
- I do not understand this question
- I prefer not to answer

What is your child's sexual orientation?

- Straight / Heterosexual
- My child's sexual orientation is not listed above. If you select this option, you will be invited to specify your child's sexual orientation in the next question.

The next question is displayed when the answer to the above question is "My child's sexual orientation is not listed above"

In the previous question, you indicated that your child's sexual orientation was not listed. What is your child's sexual orientation? Select all that apply.

- 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.

Does your child consider themselves to be a person with a disability(ies)? Select one answer only.

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

The next question is displayed when the answer to the above question is "Yes"

If yes, select all that apply.

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

Was your child born in Canada?

Yes

No

The next question is displayed when the answer to the above question is "No"

If no, is your child currently:

a Canadian citizen

an international student (enrolled through a study permit)

a landed immigrant / permanent resident

a refugee claimant

not sure

I do not understand this question

Answer the next four questions considering **Parent / Guardian 1** that your child currently lives with most of the time.

Please check your child's relation with this person. Select one answer only.

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Relative
- Guardian
- Foster Parent
- Friend
- A person not listed above (please specify): _____
- My child is living on their own

Please check the highest level of education **Parent / Guardian 1** completed. Select one answer only.

- Did not complete any formal education
- Elementary school
- High School
- Apprenticeship
- College
- University
- Not Sure

What is **Parent / Guardian 1's** employment status? Select all that apply.

- Works full-time
- Works part-time
- Self-employed (for example, has own business)
- Looking for work
- Stay-at-home parent / guardian
- Retired
- Not Sure

What is **Parent / Guardian 1's** job or occupation?

- Job or Occupation: _____
- Not Sure

Answer the next questions considering **Parent / Guardian 2** that your child currently lives with most of the time.

Please check your child's relation with this person. Select one answer only.

- My child is living with only one parent or guardian most of the time.
- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Relative
- Guardian
- Foster Parent
- Friend
- A person not listed above (please specify): _____
- My child is living on their own

Please check the highest level of education **Parent / Guardian 2** completed. Select one answer only.

- Did not complete any formal education
- Elementary school
- High School
- Apprenticeship
- College
- University
- Not Sure

What is **Parent / Guardian 2's** employment status? Select all that apply.

- Works full-time
- Works part-time
- Self-employed (for example, has own business)
- Looking for work
- Stay-at-home parent / guardian
- Retired
- Not Sure

What is **Parent / Guardian 2's** job or occupation?

- Job or Occupation: _____
- Not Sure

How often has your child experienced discrimination at school as a result of

	Always	Very Often	Sometimes	Rarely	Never	I do not know
First language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indigenous identity (First Nations, Métis, and / or Inuit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic origin	<input type="radio"/>	<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"/>	<input type="radio"/>
Religion or spiritual affiliation	<input type="radio"/>	<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"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<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"/>	<input type="radio"/>
Status in Canada (e.g. refugee, landed immigrant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socio-economic status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has your child experienced any of the following at school? Select all that apply.

- Your child's name has been shortened or repeatedly mispronounced
- Your child has been ridiculed about their name
- Your child has been ridiculed about the way they dress or about their hair
- Your child has been ridiculed about the food they bring to school
- Your child has been disciplined more frequently or severely than their peers who have engaged in similar behaviour
- Your child has been discouraged from pursuing courses in the academic pathway at secondary school
- Your child has been asked to provide their opinion or perspective based on their identity (e.g. race, Indigenous identity, sexual orientation)
- Other, please describe: _____

At school, my child feels that they are able to:

	Strongly Agree	Agree	Disagree	Strongly Disagree	I do not know	I prefer not to answer
express their identity (e.g. race, gender identity, sexual orientation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn about their identity (e.g. race, gender identity, sexual orientation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn about other identities (e.g. race, gender identity, sexual orientation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In school, my child sees themselves / their identity reflected positively in:

	Always	Very Often	Sometimes	Rarely	Never	I do not know
images (posters, pictures, murals, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learning materials (books, videos, internet content, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lessons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
issues discussed in the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
events and celebrations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
extra-curricular activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My child has an opportunity to learn about authors, characters, scientists, historical figures at school who have an identity different from their own, such as the following (select all that apply):

- Indigenous identity (First Nations, Métis, and / or Inuit)
- Ethnic origin
- Race
- Religion or spiritual affiliation
- Gender identity
- Sexual orientation
- Disability
- Status in Canada (e.g. refugee, landed immigrant)
- Socio-economic status

In my child's school, I feel comfortable to:

	Strongly Agree	Agree	Disagree	Strongly Disagree	I do not know	I prefer not to answer
meet with my child's teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
meet with my child's principal or vice-principal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
participate on school council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
attend school events for families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>