



## **PVNC Demographic Survey for Students in Grade 7**

Your participation in the Every Student Counts Student Census is important to us in order to better learn about and serve our school board community. The data we gather provides insights on the diverse backgrounds, experiences, and needs of all our students and school communities. Our goal is to bridge opportunity gaps and to narrow achievement gaps, ensuring every student has the pathway to success.

The higher the completion rate, the more reliable the information will be to help us identify and remove systemic barriers. This confidential survey will take about 15 minutes to complete and is entirely voluntary.

PVNC Catholic 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 [census@pvnccdsb.on.ca](mailto:census@pvnccdsb.on.ca)

This survey will remain open from Tuesday, February 18, 2025 to Friday, February 28, 2025.

Thank you for your participation.

### **Privacy and Collection Notice**

The Student Census is confidential and voluntary, but not anonymous. Individual responses, and all personal student and family information will remain strictly confidential, protected under the Municipal Freedom of Information and Protection of Privacy Act. Personal information collected in the PVNC Catholic student census is under the authority of the [Education Act, R.S.O. 1990](#), the [Anti-Racism Act 2017](#), and in accordance with Section [29 \(2\) of the Municipal Freedom of Information and Protection of Privacy Act](#).

PVNC Catholic has entered into agreement with [Qualtrics](#) to distribute our PVNC Catholic Census to students and families online. Data is stored securely with [Qualtrics](#) and on internal PVNC Catholic servers and will only be accessed by a small number of staff in order to analyze the data. 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.

**1. What grade are you in?**

- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12

**2. Which elementary school do you attend? \_\_\_\_\_**

**3. What is the first language you learned to speak as a child? Select all that apply.**

*Note: The alphabetical list provided has been adapted from the list of most common languages from the 2016 Canadian Census.*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Albanian               | <input type="checkbox"/> Gujarati                  | <input type="checkbox"/> Portuguese                   |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hebrew                    | <input type="checkbox"/> Punjabi (Panjabi)            |
| <input type="checkbox"/> Amharic                | <input type="checkbox"/> Hindi                     | <input type="checkbox"/> Romanian                     |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Hungarian                 | <input type="checkbox"/> Russian                      |
| <input type="checkbox"/> Assyrian Neo-Aramaic   | <input type="checkbox"/> Italian                   | <input type="checkbox"/> Serbian                      |
| <input type="checkbox"/> Bengali                | <input type="checkbox"/> Karen                     | <input type="checkbox"/> Serbo-Croatian               |
| <input type="checkbox"/> Bosnian                | <input type="checkbox"/> Khmer (Cambodian)         | <input type="checkbox"/> Somali                       |
| <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Korean                    | <input type="checkbox"/> Spanish                      |
| <input type="checkbox"/> Chaldean Neo-Aramaic   | <input type="checkbox"/> Kurdish                   | <input type="checkbox"/> Tagalog (Pilipino, Filipino) |
| <input type="checkbox"/> Cree                   | <input type="checkbox"/> Kurdish Kurmanji          | <input type="checkbox"/> Tamil                        |
| <input type="checkbox"/> Creole / Patois        | <input type="checkbox"/> Low German / Plautdietsch | <input type="checkbox"/> Thai                         |
| <input type="checkbox"/> Croatian               | <input type="checkbox"/> Lunaape                   | <input type="checkbox"/> Turkish                      |
| <input type="checkbox"/> Dari                   | <input type="checkbox"/> Malayalam                 | <input type="checkbox"/> Ukrainian                    |
| <input type="checkbox"/> Dutch                  | <input type="checkbox"/> Mandarin                  | <input type="checkbox"/> Urdu                         |
| <input type="checkbox"/> English                | <input type="checkbox"/> Nepali                    | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Farsi                  | <input type="checkbox"/> Ojibwe                    | <input type="checkbox"/> Language(s) not listed.      |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Oji-Cree                  | Please specify: _____                                 |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Oneida                    | <input type="checkbox"/> Not sure                     |
| <input type="checkbox"/> Greek                  | <input type="checkbox"/> Persian (Farsi)           | <input type="checkbox"/> I prefer not to answer       |
|   | <input type="checkbox"/> Polish                    |   |

**4. Do you identify as First Nations, Métis and / or Inuit? Select all that apply.**

*Note: First Nations includes Status and Non-Status.*

- ☐ No
- ☐ Yes, First Nations
- ☐ Yes, Métis
- ☐ Yes, Inuit
- ☐ Yes, not listed here. Please specify: \_\_\_\_\_
- ☐ I prefer not to answer

**5. Do you consider yourself a Canadian?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**6. What are your ethnic or cultural origin(s)? Select all that apply.**

*Ethnic origin refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry or historical past, often with identifiable cultural, linguistic and / or religious characteristics. The list provided is based on the most common ethnic origins from the 2016 Canadian Census.*

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> American      | <input type="checkbox"/> Greek       | <input type="checkbox"/> Romanian                     |
| <input type="checkbox"/> Arab          | <input type="checkbox"/> Guyanaian   | <input type="checkbox"/> Russian                      |
| <input type="checkbox"/> Austrian      | <input type="checkbox"/> Hungarian   | <input type="checkbox"/> Scottish                     |
| <input type="checkbox"/> Belgian       | <input type="checkbox"/> Inuit       | <input type="checkbox"/> South Indian                 |
| <input type="checkbox"/> Canadian      | <input type="checkbox"/> Iraqi       | <input type="checkbox"/> Spanish                      |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Irish       | <input type="checkbox"/> Swedish                      |
| <input type="checkbox"/> Colombian     | <input type="checkbox"/> Italian     | <input type="checkbox"/> Swiss                        |
| <input type="checkbox"/> Croatian      | <input type="checkbox"/> Jamaican    | <input type="checkbox"/> Syrian                       |
| <input type="checkbox"/> Danish        | <input type="checkbox"/> Korean      | <input type="checkbox"/> Trinidadian                  |
| <input type="checkbox"/> Dutch         | <input type="checkbox"/> Lebanese    | <input type="checkbox"/> Ukrainian                    |
| <input type="checkbox"/> East Indian   | <input type="checkbox"/> Maltese     | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> English       | <input type="checkbox"/> Métis       | <input type="checkbox"/> Welsh                        |
| <input type="checkbox"/> Filipino      | <input type="checkbox"/> Nigerian    | <input type="checkbox"/> West Indian                  |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Norwegian   | <input type="checkbox"/> Ethnic origin(s) not listed. |
| <input type="checkbox"/> French        | <input type="checkbox"/> Palestinian | Please specify: _____                                 |
| <input type="checkbox"/> German        | <input type="checkbox"/> Polish      | <input type="checkbox"/> I prefer not to answer       |
| <input type="checkbox"/> Ghanaian      | <input type="checkbox"/> Portuguese  |   |

**7. In our society, people are often described by their race or racial background. Which racial group(s) best describes you? 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: \_\_\_\_\_
- ☐ I prefer not to answer

**8. What religion, creed, spirituality and / or belief(s) do you identify with? Select all that apply.**

*Religion, creed, spirituality and / or belief(s) refer to an individual's self-identification or affiliation with any religious denomination, group, or other religiously-defined community or system of belief and / or spiritual faith practices (modified from the Data Standards for the Identification and Monitoring of Systemic Racism). The list of answer choices has also been adapted from the Data Standards. Additional religions, creeds, spiritualities and beliefs have been added based on answer choices from a variety of other sources.*

- |  |  |
|--|--|
| <input type="checkbox"/> Agnosticism                 | <input type="checkbox"/> Scientology   |
| <input type="checkbox"/> Atheism                     | <input type="checkbox"/> Secular Spirituality  |
| <input type="checkbox"/> Bahá'í                      | <input type="checkbox"/> Sikhism   |
| <input type="checkbox"/> Buddhism                    | <input type="checkbox"/> Unitarian Universalism  |
| <input type="checkbox"/> Christianity - Catholic     | <input type="checkbox"/> Wicca   |
| <input type="checkbox"/> Christianity - non-Catholic | <input type="checkbox"/> Zoroastrianism  |
| <input type="checkbox"/> Church of Christ, Scientist | <input type="checkbox"/> Religion, creed, system of belief or spirituality not listed above. Please specify: _____ |
| <input type="checkbox"/> Hinduism                    | <input type="checkbox"/> I do not identify with any religion, creed, system of belief or spirituality              |
| <input type="checkbox"/> Humanism                    | <input type="checkbox"/> Not sure  |
| <input type="checkbox"/> Indigenous Spirituality     | <input type="checkbox"/> I do not understand this question   |
| <input type="checkbox"/> Islam                       | <input type="checkbox"/> I prefer not to answer  |
| <input type="checkbox"/> Jainism                     |  |
| <input type="checkbox"/> Judaism                     |  |
| <input type="checkbox"/> Rastafarianism              |  |

**9. What is your gender identity? Select all that apply.**

- ☐ Boy / Man
- ☐ Girl / Woman
- ☐ My gender identity is not listed above

**10. If your gender identity was not listed. What is your gender identity? Select all that apply.**

- ☐ Agender
- ☐ Gender Fluid (a person whose gender varies over time. A gender fluid person may at any time identify as male, female, agender, any other non-binary identity or some combination of identities)
- ☐ Gender Nonconforming (not being in line with the cultural associations made in a given society about a person's gender assigned at birth)
- ☐ Non-Binary (refers to a person whose gender identity does not align with the binary concept of gender such as man (boy) or woman (girl).)
- ☐ Questioning (a person who is unsure where they are on the spectrum of gender identity)
- ☐ Trans Boy or Man
- ☐ Trans Girl or Woman
- ☐ Two-Spirit (an Indigenous person whose gender identity or spiritual identity includes masculine, feminine or non-binary spirits)
- ☐ Gender Identity(ies) not listed above. Please specify: \_\_\_\_\_
- ☐ Not sure
- ☐ I prefer not to answer

**11. What is your sexual orientation? Select all that apply.**

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

**12. If your sexual orientation was not listed. What is your 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 prefer not to answer

- 13. 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.*

**Do you consider yourself 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

- 14. If yes, what is the nature of your disability? Select all that apply.**

- ☐ Addiction(s)
- ☐ ADHD (Attention-deficit / hyperactivity disorder)
- ☐ Autism Spectrum Disorder
- ☐ Blind or low vision (not corrected by glasses)
- ☐ Chronic health condition (e.g., asthma, chronic pain, cystic fibrosis, diabetes, epilepsy, spina bifida)
- ☐ Deaf or hard of hearing
- ☐ Developmental disability(ies)
- ☐ Learning disability(ies) (e.g. dysgraphia, dyslexia, non-verbal, information processing, memory)
- ☐ Mental health disability(ies) (e.g. anxiety, depression, OCD, ODD, PTSD)
- ☐ Mobility (movement)
- ☐ Pain
- ☐ Physical disability(ies) (e.g., cerebral palsy, muscular dystrophy, spinal cord injury)
- ☐ Speech impairment / disability
- ☐ Any disability(ies) not listed above (please specify): \_\_\_\_\_
- ☐ I prefer not to answer

- 15. Were you born in Canada?**

- ☐ Yes
- ☐ No

**16. If no, are you 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
- ☐ I prefer not to answer

**17. The next questions are about your parent(s) / guardian(s). Answer to the best of your knowledge.**

**How many adults do you live with who take care of you?**

- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ I am living on my own
- ☐ I prefer not to answer

**18. Answer the next four questions for the first Parent / Guardian that you live with most of the time.**

**Please select your relation with this person. Select one answer only.**

- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Grandparent
- ☐ Relative (Aunt / Uncle / Sibling)
- ☐ Guardian
- ☐ Foster Parent
- ☐ Friend
- ☐ A person not listed above (please specify): \_\_\_\_\_

**19. What is the highest level of education your first Parent / Guardian completed? Select one answer only.**

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



**20. What is your first Parent / Guardian'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

**21. What is your first Parent / Guardian's job or occupation?**

- ☐ Job or Occupation: \_\_\_\_\_
- ☐ Not Sure

**22. Answer the next four questions for your second Parent / Guardian that you live with most of the time.**

**Please select your relation with this person. Select one answer only.**

- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Grandparent
- ☐ Relative (Aunt / Uncle / Sibling)
- ☐ Guardian
- ☐ Foster Parent
- ☐ Friend
- ☐ A person not listed above (please specify): \_\_\_\_\_

**23. What is the highest level of education your second Parent / Guardian completed? Select one answer only.**

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

**24. What is your second Parent / Guardian'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

**25. What is your second Parent / Guardian's job or occupation?**

- ☐ Job or Occupation: \_\_\_\_\_
- ☐ Not Sure

**26. Answer the next four questions for your third Parent / Guardian that you live with most of the time.**

**Please select your relation with this person. Select one answer only.**

- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Grandparent
- ☐ Relative (Aunt / Uncle / Sibling)
- ☐ Guardian
- ☐ Foster Parent
- ☐ Friend
- ☐ A person not listed above (please specify): \_\_\_\_\_

**27. What is the highest level of education your third Parent / Guardian completed? Select one answer only.**

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

**28. What is your third Parent / Guardian'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

**29. What is your third Parent / Guardian's job or occupation?**

- ☐ Job or Occupation: \_\_\_\_\_
- ☐ Not Sure

**30. Answer the next four questions for your fourth Parent / Guardian that you live with most of the time.**

**Please select your relation with this person. Select one answer only.**

- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Grandparent
- ☐ Relative (Aunt / Uncle / Sibling)
- ☐ Guardian
- ☐ Foster Parent
- ☐ Friend
- ☐ A person not listed above (please specify): \_\_\_\_\_

**31. What is the highest level of education your fourth Parent / Guardian completed? Select one answer only.**

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

**32. What is your fourth Parent / Guardian'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

**33. What is your fourth Parent / Guardian's job or occupation?**

- ☐ Job or Occupation: \_\_\_\_\_
- ☐ Not Sure

**34. How often have you experienced discrimination at school as a result of your**

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

**35. Have you experienced any of the following at school? Select all that apply.**

- ☐ Your name has been repeatedly mispronounced
- ☐ You have been ridiculed about your name
- ☐ You have been ridiculed about the way you dress or about your hair
- ☐ You have been ridiculed about the food you bring to school
- ☐ You have been disciplined more frequently or severely than your peers who have engaged in similar behaviour
- ☐ You have been discouraged from pursuing courses in the academic pathway at secondary school
- ☐ You have been asked to provide your opinion or perspective based on your identity (e.g. race, Indigenous identity, sexual orientation)
- ☐ Other, please describe: \_\_\_\_\_
- ☐ I have not experienced any of these

**36. At school, I feel that I am able to:**

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

**37. In my school, I see myself / my identity reflected positively in:**

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

**38. I have an opportunity to learn about authors, characters, scientists, historical figures at school who have an identity different from my own, such as the following. Select all that apply.**

- ☐ Disability
- ☐ Ethnic origin
- ☐ Gender identity
- ☐ Indigenous identity (First Nations, Métis, and / or Inuit)
- ☐ Race
- ☐ Religion or spiritual affiliation
- ☐ Sexual orientation
- ☐ Socio-economic status
- ☐ Status in Canada (e.g. refugee, landed immigrant)
- ☐ None of the above