

Quality of Relationships

SCALE: TEACHER-STUDENT RELATIONSHIPS	[4 pt agreement scale]
Overall, adults at my school treat students fairly.	
Adults at my school listen to the students.	
At my school, teachers care about students.	
My teachers are there for me when I need them.	
Overall, my teachers are open and honest with me.	
I enjoy talking to the teachers here.	
Most teachers at my school are interested in me as a person, not just as a student.	

SCALE: PEER SUPPORT FOR LEARNING	[4 pt agreement scale]
There are students at my school who care about me.	
Students at my school are there for me when I need them.	
Other students here like me the way I am.	
I enjoy talking to the students here.	
Students here respect what I have to say.	
I have some friends at school.	
I have at least one good friend outside of school who cares about me.	

Connectedness

SCALE: SENSE OF BELONGING	[4 pt agreement scale]
I enjoy being at school.	
My school is a friendly place.	
I feel accepted by other students in my school.	
I feel accepted by adults in my school.	
I feel like I belong at my school.	

SCALE: POSITIVE IDENTITY REFLECTED IN SCHOOL	[yes/no]
<i>At your school, do you see yourself/your identity reflected positively in:</i>	
Pictures, posters and displays in school?	
Learning materials used in class (for example, books or videos)?	
Lessons or curriculum content?	
School publications (for example, yearbooks, newspapers) / social media posts?	
School events/activities (for example, extra-curricular activities, cultural celebrations, awareness days, religious/faith/ethnic activities)?	
Guest speakers or assemblies?	

> [If NO was selected anytime in the above item the following item is presented.]

You indicated that you feel your identity is not being reflected positively at your school. Which of the following do you feel is not being reflected at your school? Select all that apply. Note: wording for grades 4-8 options is in italics and those for grades 9-12 have a *

- | | |
|---|--|
| <input type="checkbox"/> My gender identity* (<i>my gender</i>) | <input type="checkbox"/> My beliefs or faith or religion |
| <input type="checkbox"/> My ethnic or cultural background (<i>my culture</i>) | <input type="checkbox"/> My sexual orientation* |
| <input type="checkbox"/> My racial background (<i>my race</i>) | <input type="checkbox"/> My abilities (for example: physical or mental or developmental) |
| <input type="checkbox"/> My Indigenous background: First Nations/Métis/Inuit | <input type="checkbox"/> Other identity not listed above |

ITEM:

Do you ever feel unwelcome at your school because of any of the following? Select all that apply. *Note: wording for grades 4-8 options is in italics and those for grades 9-12 have a **

- My gender identity* (*my gender*)
- My ethnic or cultural background* (*my culture*)
- My racial background* (*my race*)
- My Indigenous background: First Nations/Métis/Inuit
- My first language
- My grades or marks
- The way I look
- My religion or faith
- How much money my family has
- My extra-curricular activities or hobbies
- A disability or learning need that I have
- My sexual orientation*
- My mental health
- Other reasons not listed above
- Not applicable: I never feel unwelcome at school

Catholic School Community

SCALE: HOME-PARISH-SCHOOL CONNECTIONS	<i>[4 pt agreement scale]</i>
My school promotes Catholic virtues and values (for example, compassion, family, honesty, love, peace, service).	
My school promotes Catholic practices (for example, masses, prayers, etc.).	
My school encourages student and family participation in Parish (Church) life.	
The parish priest is active in my school community	
I am aware of the HCDSB's Theological Theme.*	
The overall spiritual atmosphere of this school is positive and welcoming.	

**grades 9-12 only*

Partnership

SCALE: PARENT INVOLVEMENT/SUPPORT	<i>[4 pt agreement scale]</i>
My parents or other adults at home help me with my schoolwork	
My parents or other adults at home talk to me about what I do in school	
My parents or other adults at home ask me about my schoolwork	
My parents or other adults at home encourage me to work hard at school* (<i>visit my school</i>)	

*Note: wording for grades 4-8 options is in (italics) and those for grades 9-12 have a **

Respect for Diversity

ITEMS:

At school (in class, during assemblies, on the announcements, etc.), I am learning to stand up for myself if someone uses harmful or hateful language towards me. [yes/no]

At school (in class, during assemblies, on the announcements, etc.), I am learning to support others if someone uses harmful or hateful language towards them. [yes/no]

In your school, how often have you learned about the experiences and/or achievements of the following diverse groups of people? For example: in the classroom, in assemblies/presentations, in announcements, on posters, during awareness days. [3 pt frequency scale rarely to often] *Note: wording for grades 4-8 options is in italics and those for grades 9-12 have a **

- Women and girls
- Indigenous communities: First Nations, Métis, Inuit
- Black Canadians
- Diverse ethnic or cultural groups (*Multiple cultures*)
- Diverse racial groups (*Multiple races*)
- Diverse religious/faith communities (*Multiple religions*)
- People with disabilities
- People with a range of gender identities*
- People with a range of sexual orientations*
- People with different amounts of money

Discipline and Order

SCALE: DISCIPLINE	[4 pt agreement scale]
My teachers make it clear to me when I have misbehaved in class.	
Adults working at this school notice students' good behaviour.	
Adults working at this school help students develop ways to understand and control their feelings and actions.	
School rules are applied equally for all students.	
Discipline is fair in this school.	

Social/Emotional/Physical Safety

ITEMS:

How safe do you feel at school? [4 pt rating scale: not at all to very much]

How safe do you feel on your way to and from school? [4 pt rating scale: not at all to very much]

How safe do you feel in your neighbourhood or community? [4 pt rating scale: not at all to very much]

Bullying

ITEMS:

Overall, I think that bullying is a common problem at this school. [4 pt agreement scale]

Are you aware of bullying prevention programs and/or activities in your school? For example: mentoring programs, clubs, presentations/assemblies, intramurals, guest speakers, announcements, Safe Schools team [yes/no]

Would you feel comfortable reporting bullying problems to school staff? [yes/no]

To your knowledge, where does bullying most often occur in your school? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Classrooms | <input type="checkbox"/> Open common area (for example: forum, piazza) |
| <input type="checkbox"/> Gym | <input type="checkbox"/> In or around portables |
| <input type="checkbox"/> Washrooms | <input type="checkbox"/> Outside on school property (for example: parking lot or field) |
| <input type="checkbox"/> Change rooms or locker rooms | <input type="checkbox"/> Off school property |
| <input type="checkbox"/> Lunchrooms or eating area/cafeteria | <input type="checkbox"/> School buses |
| <input type="checkbox"/> Other rooms (for example: library or computer room) | <input type="checkbox"/> Electronically (for example: snapchat; Instagram) |
| <input type="checkbox"/> Hallways/stairwells/entrances/exits | <input type="checkbox"/> Other location not listed above |

To your knowledge, when does bullying most often occur in your school? Select all that apply.

- Before school
- During class time
- During breaks (spares, lunch, between classes)
- After school

During the past month...

have you tried to help another student who was being bullied? [yes/no/na]

have you stayed away from school so that you wouldn't be bullied? [yes/no]

have you been bullied/harassed at school? [yes/no] Note grades 4-8 do not see the word harassed

➤ [If YES is selected to either bullying item above then the following items are presented

i. How often have other students bullied you. [5 pt frequency scale – never to everyday] *grades 7-12

- Physically? Examples: hit, kicked, pushed you, damaged/stole your belongings
- Verbally? Examples: called you names, teased you, or made threatening, humiliating, or discriminatory comments
- Socially/relationally? Examples: tried to damage your friendships, spread rumours about you, or excluded you from a group
- Using written means? Examples: wrote notes or graffiti that are hurtful
- Using electronic means (cyberbullying)? Examples: posting hurtful comments about you on social media, messaging, or online gaming, or tried to intimidate, humiliate, or exclude you online
- Sexually?* Examples: unwanted touching, comments/jokes about your body, spreading sexual rumours about you

ii. Were you bullied by a student(s) at your school for any of the following reasons? Select all that apply. Note: wording for grades 4-8 options is in italics and those for grades 7-12 only have a *

- | | |
|--|---|
| <input type="checkbox"/> Gender Identity* (<i>gender</i>) | <input type="checkbox"/> Money/Income (<i>money</i>) |
| <input type="checkbox"/> Ethnicity or culture (<i>culture</i>) | <input type="checkbox"/> Extra-curricular activities or hobbies |
| <input type="checkbox"/> Race | <input type="checkbox"/> A disability or learning need |
| <input type="checkbox"/> Language | <input type="checkbox"/> Homophobia* |
| <input type="checkbox"/> Grades or marks | <input type="checkbox"/> Mental health* |
| <input type="checkbox"/> Looks or appearance | <input type="checkbox"/> Other reason not listed above |
| <input type="checkbox"/> Religion or faith | |

Teaching and Learning

SCALE: INSTRUCTIONAL ENVIRONMENT	[4 pt agreement scale]
My teachers notice me when I work hard in school.	
My teachers give me individual attention when I need it.	
My teachers often connect what I am learning to life outside the classroom.	
The things I'm learning in school are important to me.	
My teachers expect me to do my best all the time.	

SCALE: ENGAGEMENT WITH LEARNING*	[4 pt agreement scale]
I believe I am working as hard as I can at school.	
If I don't do well on something, I try harder next time.	
I feel I am responsible for my own school accomplishments.	

*grades 7-12

ITEMS:

I feel that school staff listen to students' ideas. [4 pt agreement scale]

I feel that I have opportunities to contribute to my school. [4 pt agreement scale]

Availability of Resources

ITEMS:

My school provides enough materials that I need for my learning. [4 pt agreement scale]

My school provides enough technology that I need for my learning. [4 pt agreement scale]

Mental Health and Well-being

SCALE: EMOTIONAL WELL-BEING*	[6 pt frequency scale from never to everyday]
How often in the past month did you feel happy?	
How often in the past month did you feel interested in life?	
How often in the past month did you feel satisfied with your life?	

* grades 7-12

SCALE: SELF-ESTEEM*	[5 pt rating scale never to always]
I feel good about myself	
I feel I am a person of worth	
I am able to do most things as well as other people can	
I feel I can't do anything right	
I feel I do not have much to be proud of	
I think I am no good at all	

* grades 7-12

SCALE: WELL-BEING-SOCIALSUPPORT

[4 pt agreement scale]

School staff meet and greet students when they arrive.

Educators/other school staff take the time to check in with students.

I have teachers or other adults at school whom I can count on to help me no matter what

ITEMS:*At school, I am learning how to care for my mental health (for example, anxiety or stress management, anger management, relationship skills). * [4 pt agreement scale] *grades 7-12**In general, would you say your mental health is...?* [5 pt rating scale from poor to excellent] *grades 7-12**How often in the past month, did you feel happy? ** [5 pt frequency scale from never to often or always] **grades 4- 6**Are you aware of school supports and programs to help students with their positive mental health and wellbeing? [yes/no]***Risky Behaviours****ITEM:***In the past MONTH, how often have you: [5pt frequency scale never to (almost) daily] *grades 9-12*

- Drank alcohol (i.e., beer, wine, coolers, or hard liquor)?
- Used tobacco? (i.e., smoked cigarettes, cigars, cigarillos; had flavoured tobacco)
- Used a tobacco-free nicotine pouch (e.g., Zonnic, Zyn) that you put in your mouth?
- used vaping products? (i.e., used vapes, vape pens, e-cigarettes, e-hookahs, mods, tank systems; tried brands like JUUL, Eleaf)
- used cannabis? (i.e., smoked, vaped, or eaten marijuana/weed or hash)
- used drugs other than cannabis/marijuana/ weed/hash? (i.e., illegal drugs; over-the-counter or prescription drugs for nonmedical purposes)

Vaping**ITEMS:***To the best of your knowledge, where does vaping most often happen at/around your school? Please check all that apply. *grades 9-12*

- | | |
|--|---|
| <input type="checkbox"/> Classrooms | <input type="checkbox"/> foyer, piazza) |
| <input type="checkbox"/> Gym | <input type="checkbox"/> In or around portables |
| <input type="checkbox"/> Washrooms | <input type="checkbox"/> Outside on school property (for example: parking lot or field) |
| <input type="checkbox"/> Change rooms or locker rooms | <input type="checkbox"/> Off school property |
| <input type="checkbox"/> Lunchrooms or eating area/cafeteria | <input type="checkbox"/> School buses |
| <input type="checkbox"/> Other rooms (for example: library or computer room) | <input type="checkbox"/> Nowhere that I'm aware of |
| <input type="checkbox"/> Open common area (for example: forum; | <input type="checkbox"/> Other location not listed above |

*To the best of your knowledge, when does vaping most often happen at/around your school? Please check all that apply. *grades 9-12*

- Before school
- During class time
- During breaks (spares; lunch; between classes)
- After school
- No times that I'm aware of

Open Ended Comment**ITEM:***If you have anything else to add about your school's climate, please do so here. [text box]***Tell Us More About Yourself****ITEMS:***What is your school? [drop down school name list]*

What grade are you in? [drop down grade level list]

Do you have an IEP (Individual Education Plan)? This means a plan was developed to address your learning strengths and needs because you have special needs and/or require special education programs or services. [yes, no, I don't know]

Are you an English as a Second Language (ESL) student? ESL students receive extra help from their classroom teacher or an ESL teacher with speaking, reading, or writing in English. [yes/no/don't know]

What is your gender identity? Select all that apply. [drop down of student census option list] *grades 9-12

What is your gender? [Boy, Girl] *grades 4-6

What is your gender identity [Boy, Girl, My gender identity(ies) is not listed above] *grades 7-8

What is your sexual orientation? Select all that apply. [checkbox of student census option list] *grades 9-12

In our society, people are often described by their race or racial background. Which racial group(s) best describes you? Select all that apply. [checkbox of student census option list].