



# Parent Census 2019 – Every Student Matters

## JK – Grade 6

### QUESTIONS ABOUT YOUR CHILD

1. Your child's grade:  JK  SK  Gr.1  Gr.2  Gr.3  Gr.4  Gr.5  Gr.6

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

- American Sign Language  French  Hungarian  Punjabi  Ukrainian
- Arabic  German  Italian  Russian  Urdu
- Cantonese  Greek  Korean  Somali  Vietnamese
- Dutch  Gujarati  Mandarin  Spanish
- English  Hebrew  Polish  Tagalog
- Farsi  Hindi  Portuguese  Tamil
- Indigenous language(s):   If not listed, write in box:

3. Was your child born in Canada?  Yes  No (write your child's country of birth in the box):

4. Does your child identify as First Nations (Status or Non-status), Métis and/or Inuit? If yes, select all that apply.  
 No  Yes, First Nations  Yes, Métis  Yes, Inuit

5. What is your child's ethnic or cultural origin? (Please provide as many ethnic or cultural origins that apply)

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

6. In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East/Southeast Asian," etc. Which of the following best describes your child's racial background? If your child has a mixed background, select all that apply.

- Black (African, Afro-Caribbean, African-Canadian descent, etc.)  South Asian (e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.)
- East Asian (Chinese, Korean, Japanese, Taiwanese descent, etc.)  Southeast Asian (e.g., Cambodian, Filipino, Indonesian, Thai, Vietnamese descent, etc.)
- Indigenous (First Nations, Métis, Inuit descent)  White (e.g., British, German, Italian, Polish, Ukrainian, European descent, etc.)
- Latin American (e.g., Brazilian, Chilean, Mexican, Peruvian, etc.)  A race or racial background not listed above (please write in box):
- Middle Eastern (e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)

7. What is your child's religious and/or spiritual affiliation? (Select all that apply)

- Agnostic  Christian (non-Catholic)  Muslim:  Shia  Sunni
- Atheist  Hindu  Sikh  Another religion or spiritual affiliation (if not listed write in box):
- Buddhist  Indigenous spirituality  Spiritual (but not religious)
- Catholic  Jewish  No religious or spiritual affiliation

8. What is your child's gender identity? (Select all that apply)

- Woman/girl  Gender Nonconforming  Questioning  Not sure
- Man/boy  Genderqueer  Transgender  I do not understand this question
- Gender Fluid  Non-Binary  Two-Spirit  Another gender identity (if not listed write in box):

9. a) Do you consider your child to be a person with a disability? (Pick one only)

- Yes  No  Not sure

b) If yes, select all that apply.

- Addiction(s)  Deaf or hard of hearing  Mental health disability
- Autism  Developmental  Physical
- Behavioural  Learning disability  Speech impairment
- Blind or low vision  Another disability (if not listed write in box):

**10. Who are the adults your child lives with at home most of the time? (Pick one only)**

- Mother only                       Mother and Stepfather                       Grandparent(s)  
 Father only                       Father and Stepmother                       Other adult relatives or guardians (e.g., aunts, uncles, etc.)  
 Mother and Father                       Mother and Mother                       Foster parents  
 Part of the time with each parent                       Father and Father                       Group home caregivers

**QUESTIONS ABOUT YOU AND YOUR FAMILY**

**11. Please answer the following questions about yourself. Also answer about other parent/guardian if applicable.**

Parent/Guardian 1 (Yourself)	Parent/Guardian 2 (Skip if not applicable.)
<b>a) Your relationship to your child:</b> <input type="radio"/> Mother <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Father <input type="radio"/> Grandparent <input type="radio"/> If not listed, write in box: <input style="width: 150px;" type="text"/>	<b>a) This person's relationship to your child:</b> <input type="radio"/> Mother <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Father <input type="radio"/> Grandparent <input type="radio"/> If not listed, write in box: <input style="width: 150px;" type="text"/>
<b>b) Your first language(s): (Pick <u>all</u> that apply)</b> <input type="radio"/> English <input type="radio"/> Other language(s): <input style="width: 150px;" type="text"/>	<b>b) This person's first language(s): (Pick <u>all</u> that apply)</b> <input type="radio"/> English <input type="radio"/> Other language(s): <input style="width: 150px;" type="text"/>
<b>c) Your country of birth: (Pick <u>one</u>)</b> <input type="radio"/> Canada <input type="radio"/> Other country: <input style="width: 150px;" type="text"/>	<b>c) This person's country of birth: (Pick <u>one</u>)</b> <input type="radio"/> Canada <input type="radio"/> Other country: <input style="width: 150px;" type="text"/>
<b>d) Your highest level of education completed:</b> (Pick <u>one</u> ) <input type="radio"/> Elementary school <input type="radio"/> Apprenticeship <input type="radio"/> University <input type="radio"/> High school <input type="radio"/> College <input type="radio"/> No formal education	<b>d) This person's highest level of education completed:</b> (Pick <u>one</u> ) <input type="radio"/> Elementary school <input type="radio"/> Apprenticeship <input type="radio"/> University <input type="radio"/> High school <input type="radio"/> College <input type="radio"/> No formal education
<b>e) Your work status : (Pick <u>one</u>)</b> <input type="radio"/> Works full-time <input type="radio"/> Unemployed <input type="radio"/> Works part-time <input type="radio"/> Other: <input style="width: 100px;" type="text"/>	<b>e) This person's work status: (Pick <u>one</u>)</b> <input type="radio"/> Works full-time <input type="radio"/> Unemployed <input type="radio"/> Works part-time <input type="radio"/> Other: <input style="width: 100px;" type="text"/>

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

- Less than \$30,000     \$30,000- \$49,999     \$50,000 - \$74,999     \$75,000 - \$99,999     \$100,000 - \$129,999  
 \$130,000 - \$149,999     \$150,000 - \$179,999     \$180,000 - \$199,999     \$200,000+

**13. How many people currently live in your home including yourself?**

- 1                       2                       3 - 4                       5 - 6                       7 or more

**14. We are interested in whether you consider yourself rural or urban. Is your main residence in a:**

- City                       Village/Hamlet                       Reserve  
 Town                       In the country/Rural                       Other (if not listed write in box):

**QUESTIONS ABOUT YOUR CHILD'S LIFE IN SCHOOL AND OUTSIDE OF SCHOOL**

15. How often does your child take part in these activities <u>outside of school</u> ?	Weekly	Monthly	A few times this year	Never
a) Arts (e.g., drama, dance, visual arts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Music (e.g., choir, piano lessons)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Individual sports (e.g., gymnastics, swimming lessons, tennis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Team sports (e.g., basketball, hockey, soccer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Cultural group, faith/religious activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Clubs (e.g., Boys and Girls Clubs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Spending time playing with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

16. How often does your child:	Once a year or more	Once every few years	Never
a) Go to the doctor for a physical check-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Go to the doctor for an eyesight test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Go to the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. How does your child usually get to school? (Select all that apply)**

- Walk     Bicycle     School bus     Public Transit     Vehicle     Other

**18. Usually, how long does it take your child to get to school?**

- Less than 15 minutes     15-30 minutes     31-45 minutes     46-60 minutes     Over 60 minutes

**19. How many times has your child changed school(s) in the past 12 months? (This does not include changing schools for special programming such as French Immersion, Special Education Programs or "graduation".)**

- Never                       Once                       Twice                       Three or more times