

## Identity-based Questions: Student Census Grade 9-12

### English

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

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

Please type in the language(s) not listed above, separated by a comma (you may include specific Indigenous languages): \_\_\_\_\_

**What language(s) do you speak most often at home?** Select all that apply.

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

Please type in the language(s) not listed above, separated by a comma (you may include specific Indigenous languages): \_\_\_\_\_

**Do you identify as First Nations, Métis, and/or Inuit?** If yes, select all that apply.

- ☐ No
- ☐ Yes, First Nations
- ☐ Yes, Métis

- ☐ Yes, Inuit

**Do you consider yourself a Canadian?**

- ☐ Yes  
☐ No  
☐ Not sure

**What is your ethnic or cultural origin(s)?**

For example, Anishnaabe, Canadian, Chinese, Colombian, Dutch, Iranian, Italian, Jamaican, New Zealander, Pakistani, Scottish, Somali, etc.

*(Note that the categories below are the most frequently identified in Halton on the 2016 Canadian Census, but this list is not exhaustive)*

Select as many ethnic or cultural origins as apply.

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Afghan                                 | <input type="checkbox"/> Greek       | <input type="checkbox"/> Romanian  |
| <input type="checkbox"/> American                               | <input type="checkbox"/> Guyanese    | <input type="checkbox"/> Russian   |
| <input type="checkbox"/> Austrian                               | <input type="checkbox"/> Hebrew      | <input type="checkbox"/> Scottish  |
| <input type="checkbox"/> Canadian                               | <input type="checkbox"/> Hungarian   | <input type="checkbox"/> Serbian   |
| <input type="checkbox"/> Central and<br>West African<br>origins | <input type="checkbox"/> Iranian     | <input type="checkbox"/> Spanish   |
| <input type="checkbox"/> Chinese                                | <input type="checkbox"/> Iraqi       | <input type="checkbox"/> Sri Lankan  |
| <input type="checkbox"/> Colombian                              | <input type="checkbox"/> Irish       | <input type="checkbox"/> Swedish   |
| <input type="checkbox"/> Croatian                               | <input type="checkbox"/> Italian     | <input type="checkbox"/> Trinidadian/<br>Tobagonian                                |
| <input type="checkbox"/> Czech                                  | <input type="checkbox"/> Jamaican    | <input type="checkbox"/> Ukrainian   |
| <input type="checkbox"/> Danish                                 | <input type="checkbox"/> Korean      | <input type="checkbox"/> Welsh   |
| <input type="checkbox"/> Dutch                                  | <input type="checkbox"/> Lebanese    | <input type="checkbox"/> An ethnic or<br>cultural<br>origin not<br>listed<br>above |
| <input type="checkbox"/> East Indian                            | <input type="checkbox"/> Maltese     | <input type="checkbox"/> Not sure  |
| <input type="checkbox"/> Egyptian                               | <input type="checkbox"/> Métis       |  |
| <input type="checkbox"/> English                                | <input type="checkbox"/> Mexican     |  |
| <input type="checkbox"/> Filipino                               | <input type="checkbox"/> Norwegian   |  |
| <input type="checkbox"/> Finnish                                | <input type="checkbox"/> Pakistani   |  |
| <input type="checkbox"/> First Nations                          | <input type="checkbox"/> Palestinian |  |
| <input type="checkbox"/> French                                 | <input type="checkbox"/> Polish      |  |
| <input type="checkbox"/> German                                 | <input type="checkbox"/> Portuguese  |  |
|   | <input type="checkbox"/> Punjabi     |  |

Please type in the ethnic origin(s) not listed above, separated by a comma: \_\_\_\_\_

**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, Examples: Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.)
- ☐ South Asian (South Asian descent, Examples: 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 type in the racial group(s) not listed above, separated by a comma. (Please do not write in 'biracial' or 'mixed race'. Instead, select as many categories, above, that apply): \_\_\_\_\_

**What is your religion and/or spiritual affiliation?** Select all that apply.

- ☐ Christian – Roman Catholic
- ☐ Christian – Other forms (For example: Anglican, Baptist, Christian Orthodox, Eastern Rite Catholic, Lutheran, Presbyterian, Protestant, Other Christian not specified here)
- ☐ Buddhist
- ☐ Hindu
- ☐ Indigenous Spirituality
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh

- ☐ Spiritual, but not religious
- ☐ No religious or spiritual affiliation
- ☐ Religion(s) or spiritual affiliation(s) not listed above
- ☐ Not sure

Please type in the religion(s) or spiritual affiliation(s) not listed above, separated by a comma:

\_\_\_\_\_

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

- ☐ Boy/man
- ☐ Gender Fluid
- ☐ Gender Nonconforming
- ☐ Girl/woman
- ☐ Non-Binary
- ☐ Questioning
- ☐ Trans boy or man
- ☐ Trans girl or woman
- ☐ Two-Spirit
- ☐ Gender identity(ies) not listed above
- ☐ Not sure
- ☐ I prefer not to answer

Please type in the gender identity(ies) not listed above, separated by a comma: \_\_\_\_\_

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

- ☐ Straight / heterosexual
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Two-Spirit
- ☐ Queer
- ☐ Questioning
- ☐ Asexual
- ☐ Pansexual
- ☐ A sexual orientation(s) not listed above
- ☐ Not sure
- ☐ I prefer not to answer

Please type in the sexual orientation(s) not listed above, separated by a comma: \_\_\_\_\_

**Do you consider yourself to be a person with a disability(ies)?** Select one answer only.

- ☐ Yes
- ☐ No
- ☐ Not sure

- ☐ I prefer not to answer

You identified as a person with a disability...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
- ☐ Not sure
- ☐ Any disability(ies) not listed above

Please type in the disability(ies) not listed above, separated by a comma: \_\_\_\_\_

**Were you born in Canada?**

- ☐ Yes
- ☐ No

**If you weren't born in Canada, are you currently:**

- ☐ a Canadian citizen
- ☐ an international student (enrolled through a study permit)
- ☐ a landed immigrant/permanent resident
- ☐ a refugee claimant
- ☐ Not sure

**In your home do you have:** Select all that apply.

- ☐ A room of your own?
- ☐ Access to the Internet?
- ☐ A subscription to a streaming service (e.g., Netflix, CraveTV, Disney+, etc.)?
- ☐ A guest room?
- ☐ A musical instrument?
- ☐ Air conditioning?

**How many of the following are in your home?**

	None	One	Two	Three or more
<b>Cell phones</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Televisions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Computers/Tablets</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cars ☐ ☐ ☐ ☐

Rooms with a bath or shower ☐ ☐ ☐ ☐

**Please check the highest level of education completed by a parent/guardian in your household:**

- ☐ No formal education
- ☐ Elementary school
- ☐ High school
- ☐ Apprenticeship
- ☐ College
- ☐ University
- ☐ Not sure
- ☐ I prefer not to answer