

Identity-based Questions: Student Census Grade K-8

English

What is the first language(s) your child learned to speak? 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) does your child 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): _____

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)?

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
West African
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/
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
cultural
origin not
listed
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 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, 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 child's 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 child's 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: _____

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

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I prefer not to answer

You identified your child 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: _____

Was your child born in Canada?

- ☐ Yes ☐ No

If your child wasn't born in Canada, are they 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 does your child have: Select all that apply.

- ☐ A room of their 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 child's home?

	None	One	Two	Three or more
Cell phones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Televisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computers/Tablets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rooms with a bath or shower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ No formal education
- ☐ Elementary school
- ☐ High school
- ☐ Apprenticeship
- ☐ College
- ☐ University
- ☐ Not sure

- I prefer not to answer