



2023 Spring Survey

**UCDSB Grades 4-12** 

Share your voice: we want to hear from you!

## **About the Survey**

Welcome to the UCDSB Amplify Survey, Spring 2024! We are asking students in Grades 4-12 to complete the school climate survey twice a year- once in the fall and again in the spring. We value your input and want to ensure that we are providing the best possible educational experience for our students.

The purpose of this short survey is to gather feedback on your perception of your school climate, including factors such as sense of belonging, safety, and extra-curricular activities. Your responses will help us identify areas of strength and areas for improvement, as well as inform our future efforts to create a positive, welcoming and supportive school environment. This information will be used along with the We All Belong Survey findings to help promote an environment of respect, safety and belonging for students. School climate data also allows us to make informed and meaningful evidence-based decisions that support achievement and well-being.

This survey is **anonymous and confidential** so no one will know your responses to the questions. The survey is **voluntary** and you may skip any question you do not want to answer. The information you share will only be accessible by UCDSB staff in the Research Department.

## Data collection open from Mar 18 to 28, 2024.

## **Data Collection Notification**

This information is collected for educational purposes under the authority of the Policy/Program Memorandum PPM 119, 144 and 145- collecting climate school data from students and section 169.1(1) (2.1) of the Education Act, R.S.O. 1990, c. E. 2 (as amended). The information will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1900, c. M. 56 (as amended).

If you have questions and/or concerns about the survey, please contact Dr. Kathleen Moss, Research Officer for the UCDSB, kathleen.moss@ucdsb.on.ca, 1-800-267-7131 ext. 1295 Thank you for your participation!

| ☐ Yes ☐ No | 1. | My teacher has read the above introduction of the survey and I understand that the survey is anonymous, voluntary, and confidential.  I have read and understand the Data Collection Notification as stated above.  I agree to participate in the survey.  * You must agree that you have read and understood the Data Collection Notification to participate in the survey. |
|------------|----|--|
| □ No       |    | Yes  |
|            |    | No   |

- 3. Please select your (elementary/intermediate/secondary) school from the list below. Schools are in alphabetical order. (Drop-down menu)
- 4. What grade are you in? (Drop-down menu)

2. Please select your school option below:

☐ Elementary School (Grades 4-6)
☐ Intermediate School (Grades 7-8)
☐ Secondary School (Grades 9-12)

5. Please indicate your level of agreement with each of the following statements regarding school climate for this school year, Spring 2024.

|              | Agree | Disagree |
|--------------|-------|----------|
| Do you feel  |       |          |
| like you     |       |          |
| belong at    |       |          |
| your         |       |          |
| school?      |       |          |
| Do you see   |       |          |
| yourself     |       |          |
| represented  |       |          |
| in the       |       |          |
| learning     |       |          |
| materials?   |       |          |
| Do you feel  |       |          |
| you are      |       |          |
| able to      |       |          |
| build        |       |          |
| friendships  |       |          |
| with other   |       |          |
| students at  |       |          |
| school?      |       |          |
| Do you feel  |       |          |
| safe at      |       |          |
| school?      |       |          |
| Do you       |       |          |
| worry        |       |          |
| about being  |       |          |
| bullied at   |       |          |
| school?      |       |          |
| Do you feel  |       |          |
| there is at  |       |          |
| least one    |       |          |
| caring adult |       |          |
| who cares    |       |          |
| about you,   |       |          |
| wants you    |       |          |
| to do well   |       |          |
| and helps    |       |          |
| you to do    |       |          |
| well at      |       |          |
| school?      |       |          |

|              | Agree | Disagree |
|--------------|-------|----------|
| Are you      |       |          |
| aware of     |       |          |
| mental       |       |          |
| health       |       |          |
| supports     |       |          |
| and services |       |          |
| in order to  |       |          |
| seek         |       |          |
| supports for |       |          |
| mental       |       |          |
| health?      |       |          |
| If you       |       |          |
| required     |       |          |
| mental       |       |          |
| health       |       |          |
| support,     |       |          |
| would you    |       |          |
| feel         |       |          |
| comfortable  |       |          |
| seeking      |       |          |
| support for  |       |          |
| your mental  |       |          |
| health?      |       |          |
| Are there    |       |          |
| extra-       |       |          |
| curricular   |       |          |
| activities   |       |          |
| that you are |       |          |
| part of or   |       |          |
| would like   |       |          |
| to take part |       |          |
| in but do    |       |          |
| not feel     |       |          |
| that you are |       |          |
| welcome or   |       |          |
| that you     |       |          |
| belong?      |       |          |

6. Thinking about your experience in school, please indicate your level of agreement with each of the following statements:

|               | Agree | Disagree |
|---------------|-------|----------|
| I am          |       |          |
| interested    |       |          |
| in topics     |       |          |
| discussed in  |       |          |
| class.        |       |          |
| I enjoy       |       |          |
| participating |       |          |
| in group      |       |          |
| projects.     |       |          |
| I feel        |       |          |
| comfortable   |       |          |
| expressing    |       |          |
| my opinions   |       |          |
| with other    |       |          |
| students in-  |       |          |
| class.        |       |          |
| I often       |       |          |
| participate   |       |          |
| in classroom  |       |          |
| projects      |       |          |
| that aim to   |       |          |
| help others.  |       |          |
| I see         |       |          |
| connections   |       |          |
| between       |       |          |
| what I am     |       |          |
| learning and  |       |          |
| my own life.  |       |          |
| I believe my  |       |          |
| learning is   |       |          |
| preparing     |       |          |
| me for the    |       |          |
| next step in  |       |          |
| my learning   |       |          |
| experience    |       |          |
| (ie. next     |       |          |
| grade, post   |       |          |
| secondary,    |       |          |
| etc).         |       |          |

| 7. Select Skills you use in class:   |
|--|
| Learning to be a good person Collaboration (working in groups) Communication Creativity Critical Thinking (ie. Thinking about ideas or situations in order to understand them fully) Problem Solving                         |
| 8. In class, how do you learn best? Please select one.   |
| ☐ Group Work ☐ Lab Assignments ☐ Multiple Choice Tests ☐ Real-World Learning (participating in practical, hands-on projects) ☐ Working Independently (by myself) ☐ Working with a teacher/staff member ☐ Written Assignments |

9. For this school year, how often have you: (All the time, Often, Sometimes, Rarely, Never)

|               | Often | Sometimes | Never |
|---------------|-------|-----------|-------|
| Felt tired    |       |           |       |
| in the        |       |           |       |
| morning.      |       |           |       |
| Been          |       |           |       |
| absent        |       |           |       |
| from          |       |           |       |
| school        |       |           |       |
| because       |       |           |       |
| you were      |       |           |       |
| too tired     |       |           |       |
| or slept in.  |       |           |       |
| Felt          |       |           |       |
| stressed or   |       |           |       |
| pressured.    |       |           |       |
| Participate   |       |           |       |
| in extra-     |       |           |       |
| curricular    |       |           |       |
| activities at |       |           |       |
| school? (ie.  |       |           |       |
| clubs,        |       |           |       |
| teams,        |       |           |       |
| band,tech).   |       |           |       |

## Don't forget to click the SUBMIT button below to send your responses. Thank you for participating!

Reflecting on your life and your circumstances can be difficult and questions in this survey may lead to discomfort or upset. If you are experiencing difficult emotions during or following the completion of this survey, we encourage you to reach out for support. You can reach the Kids Help Phone at 1.800.668.6868 or find a listing of mental health supports in your community on UCDSB's Mental Health and Wellness - Community Supports and Services webpage.

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