

# Well-Being and Health Youth Survey

## Parent Survey

Your school board and Wellington-Dufferin-Guelph Public Health are inviting you to participate in a survey. We are asking students, parents, teachers and school staff to share their opinions and experiences about student well-being.

### **What is the purpose of the survey?**

The survey asks about your family's well-being and experiences with your child's school. Your answers to this survey will help us plan programs to make your child's school and our community a better place.

### **What we are asking you to do:**

We want you to answer the questions on this 10-minute survey. There are no right or wrong answers. If you don't know the answer to a question, leave it blank. You can also skip any question if it makes you uncomfortable.

If you need help filling out this survey, feel free to call Public Health for support (1-800-265-7293 ex. 4542).

### **Do you have to do this survey?**

You do not have to do this survey. It is up to you. You can choose not to start the survey or you can change your mind during the survey.

Your family's relationship with the school, teachers and Public Health will not be affected if you choose not to do the survey or if you choose to stop at any point. If you do choose to stop, you can choose to delete your answers or keep your answers. If you keep your answers, we can still use those answers to help us understand student well-being. Once you've finished the survey or if you close the internet browser suddenly, you can't delete any answers and they will be kept.

### **Could this survey hurt or help you in any way?**

Some questions in this survey might make you feel uncomfortable and you don't have to answer those if you don't want to. This survey could help you because we will use the answers to improve community and school plans, programs and services.

### **What will we do with the information?**

When you finish the survey, your answers will go to Public Health. Your answers will not be seen by anyone at the school. Public Health will keep your answers to the survey private and

password protected. They will take all information from students, parents and teachers who complete this survey to create reports or publications for schools, the community, and other professionals. Any information that could identify you will not be used in any report or publication. Data collected from the survey will be kept on a secure network for at least six years.

This survey has received approval from an ethics review. If you have questions about this, contact Michael Whyte by email at [Michael.Whyte@wdgpublichealth.ca](mailto:Michael.Whyte@wdgpublichealth.ca)

If you have any other questions, you can contact:

Lyndsey Dossett

Wellington-Dufferin-Guelph Public Health

Phone Number: 1-800-265-7293 ex. 4542

Email Address: [lyndsey.dossett@wdgpublichealth.ca](mailto:lyndsey.dossett@wdgpublichealth.ca)

Do you agree to take the survey?

Yes

No

The information on this form is collected under the authority of the *Health Protection and Promotion Act* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 4339.

## About You

### Important Instructions:

- Please complete only one survey per family per school
- If you have more than one child attending the same school, please only answer for the child whose birthday is next.

1. What school does your child attend? (*Drop down list*)
2. What grade is your child in? Remember, if you have more than one child in the school, only answer for the child whose birthday is next. (*Drop down list: JK/SK to Grade 12*)
3. Do you identify as Indigenous to the lands now called Canada?
  - Yes
  - No
  - Not Sure
  - I prefer not to answer this question

***Question 4 is only shown to those who answered “yes” to identifying as Indigenous to the lands now called Canada (Question 3)***

4. Please select all the apply to you:
  - First Nations
  - Métis / Michif
  - Inuit
  - An alternative (e.g., Haudenosaunee, Treaty 3, Nunavimmiut) (please specify: \_\_\_\_\_)

People are often described as being part of a "race" based on how they look and where in the world their families are from.

5. Which racial group(s) best describes you? If you have a mixed background, please choose all that apply. *(Hover over an answer with your mouse to see examples)*

- Black (For example: African, Afro-Caribbean, African-Canadian descent)
- East Asian (For example: Chinese, Korean, Japanese, Taiwanese descent)
- Indigenous (For example: First Nations, Métis, Inuit descent)
- Latino/Latina/Latinx (For example: Latin American, Hispanic descent)
- Middle Eastern (For example: Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- South Asian (For example: East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo Caribbean)
- Southeast Asian (For example: Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- White (For example: English, German, Irish, Italian, Portuguese, European descent)
- A racial group not listed above *(please specify)*
- I don't know what race(s) I am
- I don't understand this question

## School

6. In general, how does your child feel about school?

- They love school
- They like school
- They do not really care either way
- They do not like school
- They hate school

7. Do you believe that your child feels safe when they are at school?

- Not at all
- Very little
- Somewhat
- Very much so
- I don't know

8. For each of the following statements, please select the choice that best describes your experiences with your child's school.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a) I feel like a valued part of the school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I have good communication with my child's teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel welcome to approach my child's teacher when I have a question or concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I feel welcome to approach my child's principal when I have a question or concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. For each of the following statements, select the choice that best describes your child's experiences with their school.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	I don't Know
a) My child feels like a valued part of the school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My child gets the support they need to learn at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My child's teacher knows and understands my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) At school, my child has at least one good friend who cares about them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) At school my child has at least one caring adult they can turn to if they need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Bullying

**Bullying** refers to repeated, persistent and aggressive behaviour that is intended to cause fear, distress or harm to another person's body, feelings, self-esteem or reputation. Bullying may involve physical or verbal attacks, internet or electronic bullying, damage to property, etc.

10. In the last 12 months, has your child experienced bullying at school?

- Never
- A few times
- Often
- Almost every day

**Question 11 is only shown to those who answer that their child has experienced bullying at school (Question 10)**

11. Was an adult at school told about it?

- Yes
- No
- I don't know

**Question 12 is only shown to those who answer "yes" that an adult at school was told (Question 11)**

12. Did that adult help your child?

- Yes
- No

## Supportive Learning Environment

13. Does your child have social, emotional, behavioral, learning challenges, or mental health problems that interfere with functioning at school?

- Yes
- No

**Question 14 is only shown to those who answer “yes” that their child has challenges that interfere with functioning at school (Question 13)**

14. For each of the following statements, select the choice that best describes your experience with your child’s school.

	Not at All	Very Little	Somewhat	Very Much
a) How well do you feel the adults at school understand your child’s difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How well do you feel the adults at school understand your child’s strengths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) How satisfied are you with the support your child receives related to your child’s difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Does your child have difficulty with any of the following? Please check all that apply:

- Sadness or hopelessness
- Worries or fears
- Aggressive behavior
- Poor social skills
- Understanding and managing their emotions
- Controlling their behavior
- Substance abuse
- Self-harm
- Attention or focus
- Learning difficulties
- Learning in a language that’s not their first
- Managing stress
- Identifying their own strengths or needs
- Confidence or self-esteem
- My child does not have any of these difficulties (exclusive response)

16. How satisfied are you with steps your school has taken to build a positive, supportive, welcoming school climate?

- Not at All
- Very Little
- Somewhat
- Very Much So

## Your Well-Being

The following questions are about your health and well-being. This information will be used to help create and deliver parenting resources in our community.

17. Overall, how would you rate your:

	Poor	Fair	Good	Very Good	Excellent
a) Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. **IN THE LAST 12 MONTHS**, You and other household members worried that food would run out before you got money to buy more

- Often true
- Sometimes true
- Never true

19. Please tell us whether there has been a change in your ability to afford basic needs and access supports from the community in the past two years.

	Easier	Same	Harder
Ability to pay bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pay debts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to pay rent or mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to access supports from the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing the Well-being and Health Survey for Parents!