



HALTON PARENT SURVEY OF SCHOOL-AGE CHILDREN

The purpose of the *Halton Parent Survey for School-age Children* is to hear from parents and guardians of students in Grades 7 and 10 about issues related to children and on their experiences of parenting today. The survey covers topics such as equity and inclusive education, bullying/harassment, parenting involvement and parenting supports.

Our Kids Network is a Halton-wide partnership of organizations and agencies serving children and youth. We use research to expand knowledge of what children and youth need to be successful and happy. This survey will take about 15 minutes of your time to complete and needs to be done at one sitting.

Your input is extremely valuable. It will help in our efforts to monitor the well-being of children and youth and understand where additional programs, services and supports are needed in schools and the community.

If you have more than one child in Grade 7 or 10 this year, please base your responses to the survey on the child with the most recent birthday.

1. To begin, please enter your six digit postal code (no spaces or dashes)

Postal codes will NOT be used to identify individual students.
Your six digit postal code will only be used to assist us in grouping Halton students by neighbourhood.

SECTION A: ABOUT YOUR CHILD

2. What grade is your child in?

- Grade 7
- Grade 10
- Other → **go to end of survey**

3. Your child's school board:

- CATHOLIC BOARD, Halton Catholic District School Board (HCDSB)
- PUBLIC BOARD, Halton District School Board (HDSB)

4. Name of your child's school

Please select a school from the list below

5. What is the sex of your child?

- Female
- Male

6. Where does your child live?

- Oakville
- Burlington
- Milton
- Halton Hills (Georgetown, Acton)

SECTION B: YOUR CHILD'S SCHOOL

7. How does your child feel about his/her school?

	Almost Never	Sometimes	Often	Almost Always	Don't Know
a. My child enjoys being at school	<input type="checkbox"/>				
b. My child's school is a friendly and welcoming place.	<input type="checkbox"/>				
c. My child's school building is an inviting place to learn.	<input type="checkbox"/>				
d. My child feels accepted by students in his/her school.	<input type="checkbox"/>				
e. My child feels accepted by adults (teachers, school staff) in his/her school.	<input type="checkbox"/>				
f. Extra help is available at my child's school when he/she needs it.	<input type="checkbox"/>				
g. My child feels safe at school.	<input type="checkbox"/>				

The next few questions are about **diversity**. Diversity includes abilities and disabilities, sexual identity, ethno-cultural or racial background, etc.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
8. The diversity of students in my child's school is reflected in posters, class room materials, school publications, school events etc.	<input type="checkbox"/>				

9. Are there school activities, teams or clubs that your child is part of or would like to take part in but feels that he or she is not welcome or does not belong?

- Yes → **go to Question 10**
- No → **go to Question 11**
- Don't Know → **go to Question 11**

10. If your child feels that he or she is not welcome or does not belong, do you think it is because of any of the following? *(Select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal background (First Nation, Métis, Inuit) | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Ethno-cultural or racial background | <input type="checkbox"/> Sexual identity |
| <input type="checkbox"/> First language or language spoken at home | <input type="checkbox"/> Appearance |
| <input type="checkbox"/> Religion or faith | <input type="checkbox"/> Grades or marks |
| <input type="checkbox"/> A disability that he or she has | <input type="checkbox"/> Our family's level of income |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> [] Not certain of the reason |
| <input type="checkbox"/> Other, please specify: _____ | |
-

The next section asks questions about **bullying or harassing behaviours**. Actions meant to hurt someone's feelings or devalue them are considered bullying/harassing behaviours. Examples include saying hurtful things to someone about their appearance or ability, posting disrespectful comments about someone online, hurting someone by physical actions, or treating someone badly or making a point of excluding them because of who they are. Such behaviours are often directed repeatedly against the same person or group, and they can happen on or off school grounds.

11. Since the beginning of the school year, has your child been bullied or harassed?

- | | | |
|-------------------------------------|---|--------------------------|
| <input type="checkbox"/> Yes | → | go to Question 12 |
| <input type="checkbox"/> No | → | go to Question 20 |
| <input type="checkbox"/> Don't know | → | go to Question 20 |

12. Since the beginning of the school year, has your child stayed away from school to avoid being bullied or harassed?

- | | | |
|-------------------------------------|---|--------------------------|
| <input type="checkbox"/> Yes | → | go to Question 13 |
| <input type="checkbox"/> No | → | go to Question 14 |
| <input type="checkbox"/> Don't know | → | go to Question 14 |

13. How often has your child stayed away from school to avoid being bullied or harassed since the beginning of the school year?

- Once or twice
- Three to four times
- Five or more times

14. You indicated your child has been bullied or harassed. In what way and how often has your child been bullied or harassed? *(Select all that apply)*

	Never	Rarely	Sometimes	Often	Don't Know
Cyber Bullying	<input type="checkbox"/>				
Physically	<input type="checkbox"/>				
Verbally	<input type="checkbox"/>				
Socially/Emotionally	<input type="checkbox"/>				
Sexually	<input type="checkbox"/>				

These definitions will display when cursor hovers over text

Cyber Bullying: Sending emails and/or text messages with the intention of threatening someone, hurting someone’s feelings, embarrassing someone, and/or spreading rumours or revealing secrets about someone.

Physical: Being physically aggressive towards someone (e.g. pushing, tripping, hitting, kicking, etc.) and/or damaging or stealing someone’s property.

Verbal: Saying negative things to/about another person (e.g. name calling, making jokes, etc.) with the intention of insulting, humiliating, and/or threatening her/him.

Social/Emotional: Excluding someone from ‘the group’/activity, making someone look foolish, convincing others not to associate with someone, spreading rumours about someone and/or displaying images or materials of someone that are offensive or disrespectful.

Sexual: Sexually touching someone, giving someone unwanted sexual attention, making sexual comments or jokes about someone’s body, and/or spreading sexual rumours about someone.

15. Do you know if the bullying was for any of the following reasons? *(Select all that apply)*

- Aboriginal background (First Nation, Métis, Inuit)
- Ethno-cultural or racial background
- First language or language spoken at home
- Religion or faith
- A disability that he or she has
- Mental health issues
- Other, please specify: _____
- Gender
- Sexual identity
- Appearance
- Grades or marks
- Our family’s level of income
- [] Not certain of the reason

16. Did you speak with anyone about the bullying or harassment?

- Yes → go to Question 17
- No → go to Question 20

17. With whom did you speak? *(Select all that apply)*

- School staff (Teacher, Principal, Vice Principal, and/or Counsellor)
- Family and/or Friend(s)
- Other, please specify: _____

18. Did you get the support that you needed?

- Yes
- No → **go to Question 19**

19. What other support would have been helpful? _____

20. Do you think adults at your child's school (e.g. teachers, principal, vice-principal, support staff, etc.):

	Yes	Sometimes	No	Don't know
a. Notice bullying or harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Try to stop bullying or harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ignore bullying or harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk openly about bullying or harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Make excuses for those who bully or harass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Support or defend those who are bullied or harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Discipline those who bully or harass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Don't Know
21. How satisfied are you with the steps your school has taken to prevent bullying/harassment among students?	<input type="checkbox"/>				

In the next section the questions are about your parenting experiences and sources of information about parenting.

SECTION C: YOUR FAMILY

22. Since the beginning of the school year, how often have you:

	Almost Never	Sometimes	Often	Almost Always
a. Spoken to your child about what they are learning in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helped your child with school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Solved a problem together with your child when you disagreed about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Asked your child where they are going and what they are planning to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Told your child what time to be home before they go out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Spent time doing an activity with your child (e.g., playing sports, going for a walk, or watching television or a movie).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely/ Never	1 - 2 Days per week	3 – 4 Days per week	All 5 Days
23. In a usual school week (Monday to Friday), how often do you eat a meal together with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Please check one answer for each of the following statements:

	Almost Never	Sometimes	Often	Almost Always
a. I am aware of my child's online/social media activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know my child's close friends by sight and name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child and I are able to talk openly about a range of issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I think my child feels like an important and valued person in our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am aware of my child's dreams and plans for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My child has three or more other adults in their life they can turn to (e.g., grandparent, coach, teacher, neighbour).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There are people in my life I can turn to for support with parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. The challenges of parenthood and everyday life can affect the way parents feel. All things considered, how “stressed out” have you felt within the last 2 weeks?

- Extremely stressed
- Very stressed
- Moderately stressed
- Slightly stressed
- Not at all stressed

26. How confident have you felt as a parent over the past six months?

- Extremely confident
- Very confident
- Moderately confident
- Slightly confident
- Not at all confident

27. Indicate your level of agreement with the following statements. I would like to learn more about parenting my child through:

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Attending a workshop or event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Being part of a small group learning with other parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Using a telephone hot-line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reading books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Face to face discussions with trusted professionals (e.g. family counsellor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: BACKGROUND INFORMATION

To help us understand the families participating in this study, we would like to ask a few questions about yourself, your family and your household.

28. Are you the child’s?

- Mother
- Father
- Other (please specify) _____

29. Were you born in Canada?

- Yes → go to Question 31
- No → go to Question 30

30. How long have you lived in Canada?
- Less than 5 years
 - 5-10 years
 - More than 10 years
31. Do you or your child identify as Métis, Inuit, or First Nations?
- Yes
 - No
32. What is your highest level of education?
- Did not complete high school
 - Completed high school
 - College diploma or trades certificate
 - University undergraduate degree
 - University graduate degree
33. Which of the following best describes your family's annual income (before taxes)?
- Less than \$50,000
 - \$50,001 to \$100,000
 - Greater than \$100,000
34. Which one of the following statements best describes your child's living situation?
- Living in one home only
 - Splitting time between two or more homes
35. How many parents and/or caregivers live in the main home?
- 1
 - 2
 - 3
 - 4 or more
36. Please share any additional comments or suggestions:

Thank you for your participation in the Halton Parent Survey for School-age Children. Your input is extremely valuable. It will help in our efforts to monitor the well-being of children and youth and understand where additional programs, services and supports are needed in schools and the community.