



Kindergarten Parent Survey (KPS) - 2022/23

Dear Parent/Guardian,

Parents/guardians of Year 2 Kindergarten students may recall recently receiving a request regarding the Early Development Instrument (EDI) which was an initiative from the Ontario Ministry of Education. You are now invited to complete the Kindergarten Parent Survey (KPS) on behalf of Our Kids Network and Halton Region.

The results from the KPS provide valuable information about children and families in Halton. The information provided helps us promote early childhood development for all children in Halton and helps identify the kinds of programs and supports children and parents/guardians need. You can see past results from the KPS in Our Kids Network's community reports found on [OKN Data Cycle Collection Page](#). Results of the 2023 KPS will be reported in the Fall of 2023 and will also be available at the [Our Kids Network's](#) website.

All of your responses will be kept strictly confidential, and you may choose not to answer any or all of the questions. No one at your child's school will see your responses. In order to ensure that no individual can be identified, all of the data from this survey will be summarized and reported at a group level.

The survey is completely voluntary, and it should take about 15 minutes to complete.

The survey is available in English. If you require a PDF file or printed copy of the survey, please contact Dr. Elisabeth Wells, Executive Director of Our Kids Network, at elisabeth@ourkidsnetwork.ca or by phone at 905-805-3541. If your first language is not English and you need help completing the survey, please contact Halton Multicultural Council at 905-842-2486 ext.221.

To learn more about the survey, and to see this information in other languages visit: [Kindergarten Parent Survey \(KPS\) 2023](#)

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* 1. I understand why I am taking this survey and how my information will be used, and I would like to participate. I know that I can stop the survey at any time, and I don't have to answer any questions I don't want to.

- YES, I'd like to take part
- NO, I don't want to take part

The personal information collected through the KPS is collected on behalf of the Halton District School Board and the Halton Catholic District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to improve services to children, make decisions on the allocation of resources and for general planning purposes. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records.



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INSTRUCTIONS

Whenever you are asked about "your child", please answer the question based on your child who is currently enrolled in senior kindergarten (Year 2 Kindergarten).

ATTENTION: if you have multiple children who are enrolled in senior kindergarten, please complete one survey per child.

2. Which school system is your child currently attending?

- Halton District School Board
- Halton Catholic District School Board



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3. Which HDSB school does your child attend?



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4. Which HCDSB school does your child attend?



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5. What is your postal code? This information will help us better understand the needs and strengths of each Halton neighbourhood.



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6. What is the name of the town/city where you are currently living?

- Acton
- Burlington
- Georgetown
- Halton Hills
- Milton
- Oakville
- Other

(please specify):



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SECTION A: CHILD HEALTH & DEVELOPMENT

7. 'Gender identity' and 'sex at birth' are labels with different meanings.

'Sex at birth' is a label that is usually given to a child at birth, by a doctor based on physical appearances. Thinking about your child's 'Sex at birth', please answer the following question.

What was your child's sex at birth?

- Male
- Female
- Sex at birth is not binary

(please specify):

8. 'Gender Identity' refers to how your child currently feels about themselves. This may be different from their sex assigned at birth and may be different from what is indicated on legal documents. Thinking about your child's 'Gender Identity', please answer the following question.

What is your child's gender identity?

- Boy
- Girl
- A gender not specified above

(please specify)

9. What is your child's birth year? Please enter the year with 4 digits (example: 2017)

10. What is your child's birth Month?

11. When was your child's most recent...

	Within the past 12 months	Prior to the past 12 months	My child has not had one	Not sure
a) <u>Routine</u> medical check-up (not including walk-in medical clinics or emergency clinics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Dental check-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Vision test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we are going to ask you some questions about childhood immunizations. Immunization or vaccination is a method of protecting children from infectious disease. Immunizations are also sometimes called injections or shots.

12. Are you aware that up-to-date immunizations are required for all children attending school in Ontario by law, unless you provide a signed exemption form for the child?

Yes

No

13. Are you aware that parents and guardians are responsible for maintaining up-to-date immunization records for certain diseases with their local public health unit?

Yes

No

14. The LookSee Checklist© (formerly called NDDS) is a simple way to check your child's development. It lists the skills that most children will have learned by a given age. The LookSee© Checklist starts at one month of age and follows development up to six years of age.

<https://www.lookseechecklist.com/en/>.

Have you heard about the LookSee Checklist©?

Yes

No



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15. I learned about the LookSee Checklist© through: (Select all that apply)

- Halton Region Public Health (e.g., HaltonParents eBulletin, social media, mail out)
- Health care provider
- Community agency (e.g., EarlyON Centre)
- Other
- (please specify):

16. Please answer "yes" or "no" to the statements below:

	Yes	No	Don't know
a) I have completed the LookSee Checklist© for different stages of my child's development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I and/or my healthcare provider completed the LookSee Checklist© at my child's 18-month well-baby visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I have completed the LookSee Checklist© online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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17. Overall, how concerned are you about your child's development?

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



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18. What concerns do you have about your child's development? (select all that apply)

- Physical health concerns, such as infections, injury, allergies, obesity, asthma or diabetes
- Learning or communication concerns, such as difficulties with speech and language, communicating, learning or remembering
- Mobility or dexterity concerns, such as difficulties with movement, balance, coordination or fine motor skills
- Other (Please specify):
- No concerns



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19. Have you consulted a professional (e.g., doctor, therapist, other specialist) about these concerns?

Yes

No



Kindergarten Parent Survey (KPS) - 2022/23 SECTION B: PHYSICAL ACTIVITY, SLEEPING AND NUTRITION

Physical activity is any activity that increases the heart rate and causes someone to be out of breath. Physical activity can take place while playing sports, doing school activities, playing with friends or walking to school. Some examples of physical activity are running, brisk walking, dancing, swimming, rollerblading, skateboarding, biking, soccer, basketball and football.

20. In the LAST 7 DAYS, on how many days was your child physically active for a total of at least 60 minutes per day?

0 days

1 day

2 days

3 days

4 days

5 days

6 days

7 days

21. On most nights my child sleeps:

- 10 hours or more
- 8-9 hours
- Less than 8 hours

22. In the past 7 days, how much time in total did your child spend using any electronic device such as a mobile device, computer, tablet, video game console or television while he/she is sitting or lying down?

23. In a typical day, how often does your child . . .

	Not at all	Once per day	2 times per day	3 or more times per day
Eat fruits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat vegetables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. In a typical week, how often does your child . . .

	Never	Once per week	Several times a week	Daily
Eat breakfast ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat meals together with the family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now we are going to ask more questions about food.

25. During the last 12 months, was there a time when, because of lack of money or other resources:

	No	Yes	Don't know
a) You or others in your household were worried you would not have enough food to eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) You or others in your household were unable to eat healthy and nutritious food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) You or others in your household ate only a few kinds of foods?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) You or others in your household had to skip a meal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) You or others in your household ate less than you thought you should?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Your household ran out of food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) You or others in your household were hungry but did not eat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) You or others in your household went without eating for a whole day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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SECTION C: CHILD SAFETY

26. In the past 12 months was your child injured seriously enough to require medical attention by a doctor, nurse or dentist? (such as a broken bone, bad cut or burn, head injury, etc.)

Yes

No



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SECTION E: COMMUNITY EXPERIENCES

29. In the past 12 months, how often has your child attended / visited the following . . .

	Not at all	At least once a year	At least 3 or 4 times a year	At least once a month	At least once a week
Children's programs (e.g., drop-ins, moms and tots, EarlyON Child and Family Centres programs, Family Resource Centre programs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Library?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's religious, cultural or ethnic-based programs (e.g., faith programs, language classes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's clubs (e.g., Beavers, Sparks, Boys and Girls Club)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Music, art or dance programs (e.g., music lessons, ballet, art classes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation programs (e.g., sports, swimming, skating)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. To what extent do you agree / disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
My child enjoys going to school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child is excited about learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child gets along with others his/her own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school is a friendly and welcoming place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child feels safe at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SECTION F: PARENTING AND FAMILY SUPPORT

31. In a typical week, how often do you feel rushed and pressed for time?

- Never
- Rarely (1-2 days)
- Sometimes (3-4 days)
- Often (5-6 days)
- Very often (every day)

32. 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?

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

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

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

34. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
I feel close to other parents with children the same age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable asking for advice about parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take time out to take care of my own health and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel supported in parenting by the people in my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have moments during the day that I can enjoy time with my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my life that make me feel good about my role as a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people in my life that I can turn to for advice about parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I need support as a parent (e.g., babysitting, running errands), there are people in my life I can turn to for help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I need support as a parent, I would attend a workshop or discussion on child development, child behavior or parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I go to the Internet (e.g., websites, blogs, Twitter) for information about parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SECTION G: YOUR COMMUNITY

35. Please indicate your level of agreement with each of the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
People in the neighbourhood get together to discuss community problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are adults in the neighbourhood my child can admire and respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighbourhood help each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my neighbours to watch that children are safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my neighbourhood is a safe place to bring up children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When we are away, my neighbours look out for possible trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How long have you lived at your current residence?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years



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SECTION H: BACKGROUND INFORMATION

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

Please remember that questions are voluntary, and you can skip questions you do not wish to answer.

37. Are you the child's:

- Mother
- Father
- Other

(please specify):

38. How long have you lived in Canada?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years
- Always



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39. What language(s) does your child speak most often at home? Select all that apply.

- English
- French
- Language(s) not listed above



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

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



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We would like to ensure that we are capturing the voices of a diverse group of families, including Indigenous (First Nations, Inuit, Métis), and/or racialized groups such as Black, East Asian, South Asian, Southeast Asian, Latino, Middle Eastern, etc.

41. Do you consider yourself part of at least one of these groups?

- Yes
- No
- Prefer not to answer

42. What is your highest level of education?

- Elementary school
- Completed high school
- College diploma or trades certificate
- University undergraduate degree
- University graduate degree

43. Which of the following best describes your household?

- Single parent
- Two parents
- Blended family (e.g., step-parents, step-siblings)
- Extended family (e.g., grandparents, aunts, uncles)
- Other

(please specify)

44. How many children 17 years or younger live in your household? (Note: If children live at more than one household, include them in the total if they spend at least half of the time in your household. Include step children or adopted children)

45. How many adults aged 18 years or older live in your household?

46. What is your best estimate of the total income received by all household members, from all sources, before taxes and deductions, in the year ending December 31st, 2022? (Note: Income can come from many sources such as from work, investments, pensions, RRSPs, employment insurance, COVID-19 benefits, social assistance, child tax benefit, child support, alimony and rental income)

- Less than \$20,000
- \$20,000- \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000 - \$119,999
- \$120,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000- \$249,999
- \$250,000 or more
- Don't Know
- Prefer not to say



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47. Do you have any other comments, questions, or concerns?

Please make sure you hit 'Done' when you're finished!