

SCHOOL Climate Survey

A Survey for Parents and Guardians About:

- **Equity and Inclusive Education**
- **Bullying/Harassment**



Name of school: _____

School ID: _____

Name of school board/authority: _____

Board ID: _____

Date: _____

Sample survey for use by schools or boards



SCHOOL Climate Survey

A Survey for Parents and Guardians About:

- Equity and Inclusive Education
- Bullying/Harassment



Welcome.

Thank you for agreeing to complete this survey.

The purpose of this school climate survey is to find out about two closely related issues – (1) equity and inclusive education, and (2) bullying/harassment, including discrimination, sexual harassment, and homophobia, among students at your child's (or children's) school. This information will be used by the principal and teachers to help them promote an environment of respect, safety, and belonging for all students.

Schools need to be safe and welcoming places so that students can feel comfortable enough to learn.

Please do not put your name on this survey. Your answers are confidential. We are interested in what you and other parents or guardians have to say.

A Few Questions About You and Your Child ...

1. **What grade is your child in?** Circle one:
(Note: If you have more than one child in the school system, please feel free to complete and submit a separate survey for each child.) JK SK 1 2 3 4 5 6 7 8 9 10 11 12
2. **What is your child's sex?** Male Female
3. **What is your first language**
(the first one you learned to speak)? _____
4. **How many years have you lived in Canada?** All my life Part of my life: _____ years

Check one answer for each of the following questions:

- Always Often Sometimes Never Don't know
5. **Does your child feel safe and welcome at school?**
6. **Does your child feel safe on the way to and from school?**
7. **Does your child feel safe in your neighbourhood or community?**

About the Survey

The survey consists of two sections that deal with related topics. The first section focuses on equity and inclusive education, and the second focuses specifically on bullying/harassment.

Equity and inclusive education are fundamental requirements for all schools in Ontario. An inclusive education system is one in which:

- all students, parents, school staff, and other members of the school community are welcomed and respected;
- every student is supported and inspired to succeed in a culture of high expectations for learning.

In an equitable and inclusive school climate, all members of the school community feel safe, comfortable, and accepted. Staff and students value diversity and demonstrate respect for others and a commitment to establishing a just, caring society. An equitable, inclusive education system encourages and enables all students to learn and to fulfil their potential.

When students exhibit discriminatory behaviours – which include bullying and harassment – towards other students, they are often reacting to perceived differences (stereotypes), and do not realize that diversity is one of a school's greatest assets. Bullying and harassment are hurtful, and therefore unacceptable, behaviours that are never tolerated in a climate of respect and acceptance.

In the first section of this survey, you will be asked questions about how your child feels at school, whether your child feels welcome and comfortable participating in school events and on school teams and clubs, and whether your child is learning about the experiences of various groups in society. In the second section, you will read about various types of bullying/harassment, and you will be asked questions about incidents of bullying/harassment that may have occurred in your child's school and about circumstances connected with such incidents.

Remember: Your answers to this survey will help make schools more welcoming and safer for all students.

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

Always Often Sometimes Never

- | | | | | |
|---|--------------------------|-----------------------|--------------------------|-----------------------|
| a) My child enjoys being at school. | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| b) My child's school is a friendly and welcoming place. | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| c) My child's school building is an inviting place to learn. | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| d) My child feels accepted by students in his/her school. | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| e) My child feels accepted by adults in his/her school. | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| f) Extra help is available at my child's school when he/she needs it. | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |

9. Does your child ever feel unwelcome or uncomfortable at his/her school because of any of the following?

(Please check the items that apply.)

- | | |
|--|---|
| <input type="radio"/> His/her sex (male/female) | <input type="radio"/> His/her religion or faith |
| <input type="radio"/> His/her ethnocultural or racial background | <input type="radio"/> The family's level of income |
| <input type="radio"/> His/her Aboriginal background (First Nation, Métis, Inuit) | <input type="radio"/> A disability that he or she has |
| <input type="radio"/> His/her language background (first language) | <input type="radio"/> His/her sexual orientation |
| <input type="radio"/> His/her grades or marks | <input type="radio"/> Other reason(s) _____ |
| <input type="radio"/> His/her appearance | _____ |

10. 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 No (If you answered no, skip to question 11).

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? (Please check the items that apply.)

- | | |
|--|---|
| <input type="radio"/> His/her sex (male/female) | <input type="radio"/> His/her religion or faith |
| <input type="radio"/> His/her ethnocultural or racial background | <input type="radio"/> The family's level of income |
| <input type="radio"/> His/her Aboriginal background (First Nation, Métis, Inuit) | <input type="radio"/> A disability that he or she has |
| <input type="radio"/> His/her language background (first language) | <input type="radio"/> His/her sexual orientation |
| <input type="radio"/> His/her grades or marks | <input type="radio"/> Other reason(s) _____ |
| <input type="radio"/> His/her appearance | _____ |

11. In your child's school, how often has he or she learned about the experiences and/or achievements of:

Often Sometimes Never Not sure

- | | | | | |
|--|--------------------------|-----------------------|--------------------------|-----------------------|
| a) women and girls | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| b) Aboriginal peoples (First Nation, Métis, Inuit) | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| c) diverse ethnocultural or racial communities | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| d) diverse religious/faith communities | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| e) people with disabilities | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| f) gay, lesbian, and bisexual people | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| g) people who identify as transgender | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| h) people with differing income levels | <input type="checkbox"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |

12. In your child's school, members of diverse communities appear in:

- a) pictures or posters in the school
- b) displays of student work
- c) materials used in class (e.g., books, videos)
- d) discussions and presentations about topics studied in class
- e) school publications (e.g., yearbooks, newspapers)
- f) special events and celebrations

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a) pictures or posters in the school	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
b) displays of student work	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
c) materials used in class (e.g., books, videos)	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
d) discussions and presentations about topics studied in class	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
e) school publications (e.g., yearbooks, newspapers)	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
f) special events and celebrations	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

13. Do you feel that there are barriers that stand in the way of your child's learning at school?

- Yes No Not sure

If you answered yes, do you think that these barriers exist because of any of the following?

(Please check the items that apply.)

- | | |
|--|---|
| <input type="radio"/> Your child's sex (male/female) | <input type="radio"/> His/her religion or faith |
| <input type="radio"/> His/her ethnocultural or racial background | <input type="radio"/> The family's level of income |
| <input type="radio"/> His/her Aboriginal background (First Nation, Métis, Inuit) | <input type="radio"/> A disability that he or she has |
| <input type="radio"/> His/her language background (first language) | <input type="radio"/> His/her sexual orientation |
| <input type="radio"/> His/her grades or marks | <input type="radio"/> Other reason(s) _____ |
| <input type="radio"/> His/her appearance | _____ |

14. Do you feel that school rules have been applied to your child in a fair way:

- | | |
|---|--------------------------------|
| <input type="radio"/> all the time? | <input type="radio"/> rarely? |
| <input type="radio"/> most of the time? | <input type="radio"/> Not sure |
| <input type="radio"/> some of the time? | |

If the school rules have **not** been applied to your child fairly, do you think it is because of any of the following? (Please check the items that apply.)

- | | |
|--|---|
| <input type="radio"/> His/her sex (male/female) | <input type="radio"/> His/her religion or faith |
| <input type="radio"/> His/her ethnocultural or racial background | <input type="radio"/> The family's level of income |
| <input type="radio"/> His/her Aboriginal background (First Nation, Métis, Inuit) | <input type="radio"/> A disability that he or she has |
| <input type="radio"/> His/her language background (first language) | <input type="radio"/> His/her sexual orientation |
| <input type="radio"/> His/her grades or marks | <input type="radio"/> Other reason(s) _____ |
| <input type="radio"/> His/her appearance | _____ |



15. Do you feel that your child is treated by the adults in the school:

- the same way as everyone else?
- better than others?
- worse than others?

If you feel that your child is treated better or worse than others, do you think it is because of any of the following? (Please check the items that apply.)

- | | |
|--|---|
| <input type="radio"/> His/her sex (male/female) | <input type="radio"/> His/her religion or faith |
| <input type="radio"/> His/her ethnocultural or racial background | <input type="radio"/> The family's level of income |
| <input type="radio"/> His/her Aboriginal background (First Nation, Métis, Inuit) | <input type="radio"/> A disability that he or she has |
| <input type="radio"/> His/her language background (first language) | <input type="radio"/> His/her sexual orientation |
| <input type="radio"/> His/her grades or marks | <input type="radio"/> Other reason(s) _____ |
| <input type="radio"/> His/her appearance | _____ |

16. School antidiscrimination policy

- a) Does your child's school have a policy or procedure for reporting discrimination?
- b) If you answered yes, do you feel that the policy or procedure effectively addresses students' concerns?
- c) Do you feel that your child's school responds quickly to reports of discrimination?

	Yes	No	I don't know
_____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

17. Has your child ever requested a religious accommodation (e.g., time away from school to observe a religious holiday; permission to observe a religious practice during school hours; permission to wear an item of clothing connected with a religious belief)?

- Yes No

If you answered yes, was the request for a religious accommodation met?

- Yes No

If the request was denied, what reason was your child given? _____

Section 2 **Bullying/Harassment**

Actions meant to hurt someone's feelings or devalue them are bullying/harassing behaviours. Bullying is a form of harassment. Throughout this section, we will be using "bullying/harassment" to refer to behaviours such as 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.

Bullying/harassment is not accidental. Although some students may feel pressured by their peers to bully or harass someone, they are still participating in behaviour that is meant to hurt or upset another person or group of people.

Different forms and types of bullying/harassment are described on the following pages. The information provided will help you answer the questions in this section.



Forms That Bullying/Harassment Might Take

Physical

- pushing, tripping, hitting
- damaging or stealing someone's property

Verbal

- name-calling, hurtful teasing
- insulting, humiliating, or threatening someone

Social

- excluding someone from "the group" or from an activity
- making sure others don't associate with someone
- gossiping or spreading rumours about someone
- displaying images or materials that are offensive or disrespectful
- making someone look foolish

Electronic

- using the Internet or a cell phone to e-mail or send text messages or pictures in order to threaten someone or hurt their feelings; single them out, embarrass them, or make them look bad; or spread rumours or reveal secrets about them



Types and Examples of Bullying/Harassment

Racial/ethnocultural

- treating others badly because of their culture, racial or ethnic background, or the colour of their skin
- saying negative things about someone's race, culture, ethnic background, or skin colour
- calling someone by a racially or ethnically disrespectful term
- telling racist jokes

Sexual

- touching, grabbing, or pinching someone in a sexual way
- spreading sexual rumours about someone
- making sexual comments or jokes about someone's body
- directing unwanted sexual attention or advances towards someone

Gender role-based

- treating someone badly because of their gender identity
- making hurtful comments or making jokes about someone based on gender stereotypes, such as telling a girl she cannot play a sport because she is a girl or calling a boy a "sissy" because he has a hobby you think only girls should have

Homophobic

- calling someone "gay" or "lesbian", or something similar, in a way meant to upset them
- making crude comments or spreading rumours about someone's actual or perceived sexual identity
- disrespecting someone who is attracted to members of the same sex or of both sexes
- disrespecting someone for their choice of activities, hobbies, or clothing
- making fun of someone whose parents are lesbian or gay

Religion-based

- treating someone badly because of their religion
- saying negative things about someone's religion
- making jokes about someone's religion

Disability-based

- treating someone badly because of a disability they have – for example, making jokes about a person who uses a wheelchair (visible disability) or calling a person names because he or she learns in a different way than you do (invisible disability) – or spreading rumours about someone because of a disability you think they *may* have
- making someone feel left out because of a disability they have (visible or invisible) or a disability you think they *may* have

Income-based

- treating someone badly because of the type of housing or the neighbourhood they live in
- spreading rumours about someone based on stereotypes about being "poor"
- making jokes about someone because they do not appear to have a lot of money (e.g., because they may not have name-brand clothing, or because of where they live)

When you answer questions 18 to 22, think about **THE PAST FOUR WEEKS**. (Check one answer for each question.)

***18. During the past four weeks, has your child been bullied/harassed by other students in any of the following ways ...**

	Not once in 4 weeks	Once or twice in 4 weeks	Every week	Many times a week	Don't know
a) Physically?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
b) Verbally?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
c) Socially?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
d) Electronically?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

***19. During the past four weeks, has your child experienced any of the following types of bullying/harassment ...**

a) Racial/ethnocultural	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
b) Sexual?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
c) Gender-based?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
d) Homophobic?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
e) Religion-based?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
f) Disability-based?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
g) Income-based?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

20. During the past four weeks, has your child stayed away from school to avoid being bullied/harassed?

<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
--------------------------	-----------------------	--------------------------	-----------------------	--------------------------

***21. During the past four weeks, has your child, on his/her own or as part of a group, bullied/harassed other students in any of the following ways ...**

a) Physically?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
b) Verbally?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
c) Socially?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
d) Electronically?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>



**For examples of forms and types of bullying/harassment, refer to the examples given on pp. 8 and 9 of this survey.*

***22. During the past four weeks, has your child, on his/her own or as part of a group, subjected other students to any of the following types of bullying/harassment ...**

	Not once in 4 weeks	Once or twice in 4 weeks	Every week	Many times a week	Don't know
a) Racial/ethnocultural?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
b) Sexual?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
c) Gender-based?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
d) Homophobic?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
e) Religion-based?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
f) Disability-based?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
g) Income-based?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

The next questions ask about where, when, and how often bullying/harassment occurs in and near your child's school and about how people respond to this kind of behaviour.

23. Where and how often does bullying/harassment occur? If a location is not applicable to your child's school, do not respond.

	Never	Sometimes	Often	Don't know
a) Classrooms	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
b) Hallways	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
c) School entrances and exits	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
d) Library	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
e) Computer rooms	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
f) Gym	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
g) Change rooms or locker rooms	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
h) Washrooms	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
i) School bus	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
j) Playground	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
k) On the way to and from school	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
l) Lunchroom or eating area/cafeteria	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
m) Parking lot	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
n) Areas off school property	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
o) On school field trips or during school extracurricular activities	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
p) Electronically	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
q) Other (please specify)	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>

*For examples of forms and types of bullying/harassment, refer to the examples given on pp. 8 and 9 of this survey.

24. To your knowledge, has your child stayed away from certain classrooms or areas of the school to avoid being bullied/harassed?

Never	Sometimes	Often	Don't know
<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>

25. When is your child at risk of being bullied/harassed?

	Never	Sometimes	Often	Always	Don't know
a) Before school	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
b) During classes	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
c) Between classes	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
d) During break periods (spares, lunch, recess)	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
e) After school	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
f) On weekends	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
g) On school field trips	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
h) During extracurricular activities	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>

26. How often do you think adults at your child's school (e.g., teachers, principal, vice-principal[s], support staff) ...

	Always	Often	Sometimes	Never	Don't know
a) notice bullying/harassment?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
b) try to stop bullying/harassment?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
c) ignore bullying/harassment?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
d) talk openly about bullying/harassment?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
e) make excuses for those who bully/harass?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
f) support or defend those who are bullied/harassed?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
g) discipline those who bully/harass?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
h) discipline those who are bullied/harassed?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>
i) listen to both sides of the story?	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>



27. How often do adults at your child's school contact you if your child ...

Always Often Sometimes Never

a) bullies/harasses another child? _____

b) is a victim of bullying/harassment? _____

28. How often do you think rules related to conduct and behaviour are enforced at your child's school? _____

Always Often Sometimes Never Don't know

29. Do you think the rules related to conduct and behaviour are enforced fairly? _____

30. If a student talks to an adult at school about bullying/harassment, how often do you think something is done about it? _____

31. How often do you report or tell someone about bullying/harassment? (If you answered never, go to question 33.) _____

32. If you have reported or told someone about bullying/harassment, who did you tell?

- Teacher Vice-Principal Principal Counsellor
 Other (please state) _____

33. Are you aware of how to report bullying/harassment to school staff? Yes No

34. How often does your child's school invite parents to participate in programs that prevent bullying/harassment? _____

Always Often Sometimes Never Don't know

35. How often does your child's school communicate information about its bullying/harassment prevention programs and policies? _____

36. How satisfied are you with the steps your school has taken to prevent bullying/harassment among students?

- Very satisfied** **Satisfied** **Unsatisfied** **Very unsatisfied**

37. What are things that you think your child's school could do to help prevent bullying/harassment?
(Check any that you agree with.)

- Provide students with information about bullying/harassment**
- Provide students with information about how to report bullying/harassment**
- Hold parent/guardian information meetings**
- Provide training to teachers/staff on how to prevent and address bullying/harassment**
- Have group or class discussions**
- Invite a guest speaker**
- Show films on the topic**
- Have students/teachers read books on the topic**
- Run programs**
- Do a school/class project**
- Hold an assembly**
- Involve students in preventing bullying/harassment**
- Develop skits on bullying/harassment topics**
- Other** (please explain) _____



If your child is having difficulty with other students at school,
please know that we are here to help...

You can talk to a counsellor, a teacher, a vice-principal,
the principal, or school support staff.

We want to help.

**THANK YOU
FOR COMPLETING
THIS SURVEY.**

09-034

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