

Welcome to the Middle Years Development Instrument or MDI. We would like to learn more about young people like you, and the best way to do that is to ask YOU about your life in school and outside of school. To learn about people your age, we would like to ask you some questions about how you think and feel about things in your life and what you like to do.

Here are some things to know before getting started:

- 1. This is **not a test!** There are **no right or wrong answers**. Some people think or feel one thing and other people think of feel something else. We want to know what you think and how you feel. Your answers are VERY IMPORTANT and will help improve activities and programs for everyone your age.
- 2. It is **your choice** to fill out the survey. You can choose not to participate at any time before, during or after you complete the survey and you will not get in trouble or lose marks. You can quit at any time by closing your browser. You will also see options to quit doing the survey and have all your question answers deleted. It's all up to you.
- 3. It is important for you to know that ALL OF YOUR ANSWERS that you put in this survey will be **confidential (private)** and will **not** be shared with your teacher, principal, parents or your friends.

Please answer each question the best you can.

Thank you for your help!



ZZI GIAACS 4 to 0 Stadelits
Please select your school from the drop-down list:
* Please read the following statements:
 -I understand this survey does not count for school marks. -I understand I can stop doing the survey at any time. -I understand I can skip questions I don't feel like answering. -I understand this survey is confidential.
Do you wish to continue with the survey?
Yes, I understand and I want to continue.
○ No, I do not want to do the survey.



Before we begin MDI, please tell us a little about yourself.

What grade are you in?
\$
Which of these adults do you live with most of the time? (Check all adults you live with.)
☐ Mother
☐ Father
Stepfather
Stepmother
Grandmother
Grandfather
☐ Two mothers
Two fathers
Part time with each parent
Foster parents(s) or caregivers(s)
Other adults

How many siblings (e.g., brothers, sisters) do you have?			
O 0	O 4		
O 1	<u> </u>		
O 2	<u> </u>		
○ 3	7 or more		
0 0	O 7 of more		



In our society, people are often described by their race or racial background. Which racial group(s) best describes you? Black (e.g., African, Afro-Caribbean, South Asian (e.g., South Asian descent, African-Canadian descent) e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.) East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent) Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indigenous (e.g., First Nations, Métis, Indonesian, other Southeast Asian *Inuit descent)* descent) Latino/Latina/Latinx (e.g., Latin American, White (e.g., English, Italian, German, Brazilian, Mexican, Cuban, Chilean European descent) descent) Not Sure Middle Eastern (e.g., Arab, Persian, West Asian descent, e.g. Afghan, Egyptian, Prefer not to answer Iranian, Lebanese, Turkish, Kurdish, etc.) Not listed here (please specify) Do you consider *yourself* to be racialized? (this used to be called "visible minority" or "person of colour". We are asking if you see yourself as racialized) Yes No) Not sure

Do <i>others</i> see you as racialized? (this is important because it may influence how others treat you)
○ Yes
○ No
○ Not sure



How do you describe your gender?	
Prefer not to answer	
Воу	
Girl	
In another way (specify below if you wish):	
I identify as:	



Do you consider yourself to be a person with a disability?
○ Yes
○ No
O Not sure
O Prefer not to answer



Please select all that apply to you:	
Addiction(s)	Memory
Attention Deficit Disorder	Mental health disabilities
Attention Deficit Hyperactivity Disorder	Pain
Autism Spectrum Disorder	Physical, functional and/or mobility
Chronic medical condition	Seeing/sight/visual
Intellectual/Developmental Disorder	Speech/language
Fetal Alcohol Syndrome Disorder	■ Not sure
Hearing	Prefer not to answer
Learning	
☐ Not listed here (please specify)	



Were you born in Canada?
○ Yes
○ No
If you answered 'No', how long have you lived in Canada?
C Less than 6 months
○ 6 months to 1 year
1 to 2 years
2 to 5 years
○ More than 5 years
O Not applicable. I was born here.



What is the first language you learned to speak?
○ English
Another language
English + another language (or languages)
What language(s) do you speak at home now?
○ English
Another language
English + another language or languages
How difficult is it for you to read in English?
O Very hard
○ Hard
○ Easy
O Very Easy



school.
Do you feel safe when you are at school?
○ Never
○ Rarely
○ Some of the time
Most of the time
All of the time

Where have you felt <i>unsafe</i> around school	ol? (check all that apply)
☐ I have not felt unsafe	During class
Classroom	During intramurals
Lunchroom / cafeteria	On the bus
Washroom	Bus loading area
Change rooms or locker rooms	During breaks/recess inside
Gym	During breaks/recess outside
Hallway	At the front of the school
School entrances and exits	At the back of the school
On my way home from school	☐ In the parking lot
On my way to school	Library
Other (please specify)	



My religion

Other (please specify)

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The stuff I don't have



In your school, how often have you learned of the experiences or achievements of:

	Often	Sometimes	Never
Women and girls	\bigcirc	\bigcirc	\bigcirc
Indigenous peoples (Inuit, Metis, First Nations)		\bigcirc	\bigcirc
Diverse ethnocultural or racial groups		\bigcirc	\bigcirc
Diverse religious/faith communities		\bigcirc	\bigcirc
People with disabilities		\bigcirc	
Two Spirit and LGBTQIA+ people	\bigcirc	\bigcirc	\bigcirc
People who identify as transgender		\bigcirc	\bigcirc
People with different income levels	\bigcirc	\bigcirc	\bigcirc



When we talk about "diverse communities" we mean Indigenous peoples, people who belong to different racial groups, people with disabilities, people from different religions, two-spirit and LGBTQIA+ people, transgender people, for example.

In your school, how often do members of diverse communities appear in:

	Often	Sometimes	Never
Pictures or posters in the school	\bigcirc	\bigcirc	\bigcirc
Displays of student work	\bigcirc	\bigcirc	\bigcirc
Materials used in class (books, videos, websites, applications)	\bigcirc	\circ	0
Discussions and presentations about topics studied in class	\bigcirc	\bigcirc	\bigcirc
School publications (newsletters, websites, blogs, social media, yearbooks)	\bigcirc	\circ	\bigcirc
Special events and celebrations	\bigcirc	\bigcirc	\circ



How do you feel you are treated by the ac	lults in your school?
The same way as everyone else	
Better than others	
Worse than others	
If you feel that you are treated better or we of any of the following? (select all that app	orse than others, do you think it is because ply)
☐ How I look	My sexual orientation
☐ How I act around others	My gender identity
My body size	My disability
My way of showing my emotions	☐ How I speak
My grades or marks	Stuff I have
My activities or hobbies	Stuff I don't have
My religion	☐ Not sure
My race or ethnicity	
Other (please specify)	



The next 5 questions are about how much you feel you matter to other people at your school. Please respond with what YOU believe.

How important do you feel you are to other people at your school?
O Not at all
○ A little
○ Somewhat
O Very much
How much do you feel other people pay attention to you at your school?
O Not at all
○ A little
○ Somewhat
O Very much
How much do you feel others would <i>miss</i> you if you were not at school? One is all One

How interested are people generally in what you have to say at school?
O Not at all
○ A little
○ Somewhat
O Very much
How much do other people <i>depend</i> on you at school?
O Not at all
○ A little
○ Somewhat
O Very much



These next few questions are about the technology you use for school work.

What type of device do you mainly use for school work?
○ Tablet (e.g., iPad)
Laptop computer
Other (please specify)
Is it a personal device or a school board device?
Personal device
School board device
Both a personal device and a school board device
Do you use more than one device?
○ Yes
○ No



vviiai uo	you use	your dev	ice(s) ioi ?	(Select all tha	ι αμμιγ)

Writing assignments	Using online search engines (e.g.,		
Programming (e.g., Python, C#, SQL, .NET)	Google) to help with homework Working on assignments		
Editing pictures (e.g., Adobe Photoshop)	Accessing readings (e.g., textbooks,		
☐ Making videos	novels, articles)		
computer animation	 Assistive technology (e.g., text-to-speech Google Translate) 		
Group work	Coding (e.g., Scratch)		
Other (please specify)			



What does your school ask you to use you	ur device(s) for? (select all that apply)
Writing assignmentsProgramming (e.g., Python, C#, SQL,	Using online search engines (e.g., Google) to help with homework
.NET)	Working on assignments
☐ Editing pictures (e.g., Adobe Photoshop)	 Accessing readings (e.g., textbooks, novels, articles)
Making videos	
computer animation	Assistive technology (e.g., text-to-speech, Google Translate)
Group work	Coding (e.g., Scratch)
Other (please specify)	
If you could choose, what type of device w	ould you want to be given in school?
Tablet (e.g., iPad)	
Laptop computer	
☐ It doesn't matter to me	
Other (please specify)	



All right! Let's begin MDI

If you do not understand a question, please raise your hand and **ask for help**. Make sure you **understand** the question and the answer options **before** you answer.

Remember: there are no wrong or right answers!

How much do yo	ou agree or	disagree with	the following	statement?
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	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
1. I feel sorry for other kids who don't have the things that I have.	0	0	0	0	0
2. When I see someone being treated meanly it bothers me.	\circ	\circ	\circ		
3. I am a person who cares about the feelings of others.	0	0	0	0	0
4. I have more good times than bad times.	\circ	\bigcirc	\circ	\circ	\circ
5. I believe more good things than bad things will happen to me.	0	0	0	0	0



Please answer th	he following	questions:
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	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
6. I start most days thinking I will have a good day.	\bigcirc	\bigcirc	0	0	\bigcirc
7. In general, I like being the way I am.	\circ	\circ	0	0	\circ
8. Overall, I have a lot to be proud of.	\circ	\circ	\circ	0	0
9. A lot of things about me are good.	0	0	0	0	0
10. I feel unhappy a lot of the time.	\circ	\circ	0	0	0
11. I feel upset about things.	\circ	0	0	0	0
12. I feel that I do things wrong a lot.	0	\circ	0	0	0
13. I worry about what other kids might be saying about me.	0	\bigcirc	0	0	0
14. I worry a lot that other people might not like me.	\circ	\circ	0	0	0
15. I worry about being teased.	0	0	0	0	0



Please answer the following questions:

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
16. In most ways my life is close to the way I would want it to be.	0	0	0	0	
17. The things in my life are excellent.	\circ	\circ	\circ	\circ	\circ
18. I am happy with my life.	\bigcirc	0	\circ	\circ	\bigcirc
19. So far I have gotten the important things I want in life.	0	\circ	\bigcirc	0	0
20. If I could live my life over, I would have it the same way.	0	\bigcirc	0	0	0



Since the start of this school year, how often did you do this?

	Not at all this school year	Once or a few times	About every month	About every week	Many times a week
21. I cheered someone up who was feeling sad.	\circ	0	\bigcirc	0	\circ
22. I helped someone who was being picked on.	\bigcirc	0	\bigcirc	\bigcirc	
23. I helped someone who was hurt.	\bigcirc	0	\circ	0	\circ
Do you want to	continue with	n the survey?			
○ Yes					
O No I would I	ike to quit here	You may keen	the answers I	have already pro	wided

O No, I would like to quit and I want you to delete all of my answers from the beginning.



These questions are about your community and your parents (or guardians) or other adults who live in your home. Parents can be biological parents, adoptive parents, step-parents, same sex parents, or foster parents.

In my **home**, there is a parent or another adult...

	Not at all true	A little true	Pretty much true	Very much true
24who believes that I will be a success.	0	0	0	
25who listens to me when I have something to say.	0			
26who I can talk to about my problems.	\circ	\bigcirc	\circ	
27. I care about what my parents (or guardians) think of me.	0		0	0



In my **neighbourhood/community** (not from your school or family), there is an adult...

	Not at all true	A little true	Pretty much true	Very much true
28who really cares about me.	\circ	\circ	0	0
29who believes that I will be a success.	0	0	0	\circ
30who listens to me when I have something to say.				



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31. Are there places in your neighbourhood/community that provide programs for kids your age, like sports (for example, swimming, soccer, hockey), art, dance, music classes, and other clubs and activities?
○ No ○ Yes ○ Don't know
32. Are there safe places in your neighbourhood/community where you feel comfortable to hang out with friends, like playgrounds, parks, or community centres?
○ No ○ Yes ○ Don't know



Please answer the following questions about you and **your friend(s)** and **your school.**

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
33. I feel part of a group of friends that do things together.	0	\circ	0	0	0
34. I feel that I usually fit in with other kids around me.	0	0	\circ	0	
35. When I am with other kids my age, I feel I belong.	0	\bigcirc	0	0	0
36. I have at least one really good friend I can talk to when something is bothering me.	0			0	0
37. I have a friend I can tell everything to.	0	0	0	0	0
38. There is somebody my age who really understands me.	\bigcirc	0		0	

Do	you want to continue with the survey?	
\subset	Yes	
\subset	No, I would like to quit here. You may keep the answers I have already provided.	
\subset	No, I would like to quit and I want you to delete all of my answers from the beginning.	



Please answer the following questions.

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
39. I am certain I can learn the skills taught in school this year.	0	0	0	0	0
40. If I have enough time, I can do a good job on all my school work.			\circ	0	
41. Even if the work in school is hard, I can learn it.	\bigcirc	\bigcirc	0	0	0



Please answer the following questions:

	Disagree a lot	Disagree a little	Don't agree or disagree	Agree a little	Agree a lot
42. Staff and students treat each other with respect in this school.	0	0	0	0	
43. People care about each other in this school.	\circ	\circ	\circ	\circ	\circ
44. Students in this school help each other, even if they are not friends.	0		0	0	
45. I feel like I belong in this school.	\circ	\circ	\circ	0	\circ
46. I feel like I am important to this school.	0	\circ	0	0	\bigcirc
47. When I grow up, I have goals and plans for the future.	0	0	0		0



There are a lot of different ways to bully someone, but a bully has some advantages (stronger, more popular, or something else), wants to hurt the other person (it's not an accident), and does so repeatedly (over and over again) and unfairly. Sometimes a group of students will bully another student.

The next four questions might make you feel uncomfortable, but it is important for us to know. Please answer the questions honestly.

This school year, how often have you been bullied by other students in the following ways?

	Not at all this school year	Once or a few times	About every month	About every week	Many times a week
48. Physical bullying (for example, someone hit, shoved, or kicked you, spat at you, beat you up, or damaged or took your things without permission).					

	Not at all this school year	Once or a few times	About every month	About every week	Many times a week
49. Verbal bullying (for example, someone called you names, teased, embarrassed, threatened you, or made you do things you didn't want to do).					
50. Social bullying (for example, someone left you out, excluded you, gossiped and spread rumors about you, or made you look foolish).					
51. Cyberbullying (for example, someone used the computer or text messages to exclude, threaten, embarrass you, or to hurt your feelings).					



These questions ask about your physical health. Sometimes people your age may feel that these kinds of questions are uncomfortable to answer. Remember you are helping us to learn more about the health of people your age.

52. In general, how would you describe your health?
O Poor O Fair O Good O Excellent
53. Who do you talk to if you were feeling sad, stressed or worried? (Check ALL that are true for you).
An adult at school (for example, a teacher, school counselor, or another adult at school)
A family member (for example, a parent, grandparent, aunt/uncle, older sibling or cousin, or another adult that lives with me)
 An adult in my community (for example, a coach, an elder, after-school program staff, or another adult in my community)
A health professional (for example, a doctor, nurse, or a counselor)
My friend(s)
I would not know who to talk to
I would prefer to handle it on my own
I would talk to someone else (please describe who you would talk to)

Do	you want to continue with the survey?	
\subset	Yes	
	No, I would like to quit here. You may keep the answers I have already provided.	
\subset	No, I would like to quit and I want you to delete all of my answers from the beginning.	



Please answer the following questions:

	Never	Once a week	2 times a week	3 times a week	4 times a week	5 times a week	6 times a week	Every day
54. How often do you eat breakfast?	\bigcirc	\circ	0	\circ	\circ	0	0	0
55. How often do your parents or other adult family members eat meals with you?	\circ	0	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	\circ
56. How often do you eat food like pop, candy, potato chips, or something else?	\circ	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc	\circ	0
57. How often do you get a good night's sleep?	0	0	0	0	0	0	0	0



we	would	like	to	know	what	: you	do	after	school.
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else (e.g., a family member's OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO		Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a we (every day)
participate in after school activities (e.g., sports, tutoring, clubs) I go to an after school program or daycare (in my school or someplace else) I go to a park, playground or community centre I hang out at the mall or stores I go someplace else (e.g., a family member's home or other	go home						
school program or daycare (in my school or someplace else) I go to a friend's house I go to a park, playground or community centre I hang out at the mall or stores I go someplace else (e.g., a family member's home or other	participate in after school activities (e.g., aports, tutoring,	0					
I go to a park, playground or community centre I hang out at the mall or stores I go someplace else (e.g., a family member's home or other	school program or daycare (in my school or	0	0		\bigcirc		0
playground or community centre I hang out at the mall or stores I go someplace else (e.g., a family member's home or other		\circ	\circ	\circ	\circ	\circ	\circ
mall or stores I go someplace else (e.g., a family member's Ohome or other	olayground or community	0	0	\bigcirc	\circ	\bigcirc	0
I go someplace else (e.g., a family member's OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO		\circ	\circ	\circ	\circ	\circ	\circ
	else (e.g., a amily member's nome or other	0	0	0	\circ	0	0



59. These questions are about organized activities. That means activities that are planned by a teacher or leader, instructor, or adult.

In a normal week, from <u>after school to dinner time</u> (about 3 to 6 pm), how many days do you participate in these organized activities:

	Never	Once a week	Twice a week	3 times a week	1 times a week	5 times a week (every day)
a) Educational lessons or activities (for example, tutoring, math, language school, or something else)?	0			0		
b) Art or music lessons (for example, drawing, painting, playing a musical instrument, or something else)?	0			0		

	Never	Once a week	Twice a week	3 times a week	4 times a week	5 times a week (every day)
c) Youth organizations (for example, Scouts, Girl Guides, Boys and Girls Clubs, After School Care, or something else)?	0			0	0	
d) Individual sports with a coach or instructor (for example, swimming, dance, gymnastics, tennis, skating, or something else)?						
e) Team sports with a coach or instructor (for example, swimming, dance, gymnastics, skating, hockey, soccer, or something else)?				0	0	



Last Page!

Nothing stops me.	My parents do not approve.			
I have to go straight home after school.	☐ It costs too much.			
It is too difficult to get there.	☐ I need to take care of brothers or sisters			
The activity that I want is not offered.	or do other things at home.			
The schedule does not fit the times that I can attend.	I am afraid I will not be good enough in that activity.			
It's not safe for me to go.	☐ I'm too busy.			
I have too much homework to do.	I don't know what is available.			
	None of my friends are interested or wa to go.			
Other (please specify)				



Help for Students

Thank you for taking this survey.

Some of the questions you saw may have made you think of problems you are having, maybe with other students.

Please reach out to your parent(s) or guardian(s) if you need help. If you would prefer *not* to talk to your parents/guardians, consider talking to your teacher or principal or another adult at school. It is important for adults to know what's going on so that they can help you or other students who may be having trouble.

You can also call Kids HELP phone at 800-668-6968

We Help is a free service that HWDSB offers to support students. It operates during school hours.

You can text 905-963-0066 during school hours or go to the board website We Help page to chat with someone.

When you submit this survey, you will be taken to the HWDSB We Help page in case you want to access supports.