

# Survey in Support of Sexual Orientation, Gender Identity & Gender Diversity in School District 44

**\*\*This is an important message\*\***

Please have it translated

Thank you in advance for giving consideration to this survey. Responses are intended to help inform the preliminary work our subcommittee is doing in preparation for a review of Policy 412. The data collected through this survey will not be used for any other purpose. Individual survey responses will not be retained after December 31, 2016.

Your participation in this survey is voluntary. By completing the survey and submitting it to the North Vancouver School District, you are voluntarily agreeing to participate. You may decline to answer any particular question(s) in the survey.

This survey is intended to be anonymous. Respondents are asked to refrain from including information that may personally identify the respondent or any other member of the school community. Responses that include information that identifies one or more individuals will be redacted by the subcommittee chair prior to review by the subcommittee.

Despite these efforts, the subcommittee cannot guarantee anonymity. When a computer is used to fill out a survey, 'cookies', 'browser history' and the ISP protocol may make it possible for others to access the information completed in this survey.

Alternatively, a paper copy of this survey may be printed, filled out, and mailed to:

Policy 412 Subcommittee  
Confidential

C/O Vince White, District Principal of Learning Services - Inclusive Education  
2121 Lonsdale Avenue  
North Vancouver, BC V7M 2K6

The school district accepts no responsibility for unintended outcomes that may occur as a result of filling out this survey. If you have any concerns or questions about the survey, please contact Vince White at 604 903 3726 or [vwhite@sd44.ca](mailto:vwhite@sd44.ca)

What is your experience within the North Vancouver School District?  
(Select all that apply)

- a. Student who is LGBTQ+
- b. Parent who is LGBTQ+
- c. NVSD Staff member who is LGBTQ+
- d. Parent of a student who is LGBTQ+
- e. Friend and/or loved one of a student who is LGBTQ+
- f. Other \_\_\_\_\_

Please describe your experience in the space below:

Have you experienced any barriers that have negatively impacted your sense of belonging during your school experience (including elementary)?  
(Please choose 1)

Yes

No

Please describe these experiences in the space below:

Please describe any solutions to these barriers that you would like to suggest:

Have you experienced supports that you felt positively impacted your sense of belonging in your school community?

Yes

No

Please describe these supports in the space below:

Please describe any additional supports that you would like to suggest:

Do you feel safe as a member of your school community?

Yes

No

Have you ever felt unsafe in your school community experience?

Yes

No

Please describe these experiences of feeling safe/unsafe in the space below:

Do you identify as:  
(select all that apply)

Lesbian

Gay

Bisexual

Transgender

Questioning

Asexual

Queer

Gender non – conforming

Heterosexual

Prefer not to say

Other \_\_\_\_\_

Has there ever been an occasion in which you felt unable to be as open as you wanted to be with your school community about your sexual orientation and/gender identity?

Yes

No

What could have been done to allow you to be as open as you wanted to be with your school community about your sexual orientation and/or gender identity?

Are there any other suggestions or comments you would like to make to support the review of School District 44's *Policy 412: Homophobia*?  
Anything else you think we should know?

For more information on District Policy 412: Homophobia visit the link below.

<http://www.sd44.ca/Board/PoliciesProcedures/Series400/Policy412/Pages/default.aspx>

Thank you for filling out our survey, all your feedback is greatly appreciated!