

Greater Victoria School District Accessibility Survey

We want to know the specific barriers people with disabilities and/or accessibility needs face in the Greater Victoria School District (GVSD). We also want to learn about accessibility features that are working well. Please complete this survey to share your experiences. For each question, please select the response that best represents your experience at school. The survey takes approximately 10 minutes to complete.

Your feedback will be shared with the GVSD Accessibility Advisory Group (stakeholders) and the District Accessibility Working Group (staff). It will inform our district plan and guide district work in implementing this plan.

We will make every effort to protect privacy but can't guarantee total anonymity if you include personal information. We are collecting this information to help us identify barriers to GVSD services. Section 26(c) of the Freedom of Information and Protection of Privacy Act permits this collection.

Please provide your feedback on or before January 31, 2024.

To learn more about the guiding principles behind the GVSD's definition of disability, please go to: <https://www.sd61.bc.ca/our-district/sd-61-accessibility-act/about-disability/>

1. In general, I feel a positive connection to my school.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

2. I feel safe at my school.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

3. I have positive connections with peers.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

4. When I ask for help from staff, I feel supported.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

5. I have access to staff with the skills needed to support me.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

6. I have access to social / emotional support(s).

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

7. I have access to the technology I need for learning.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

8. I have access to the learning spaces I need to be successful, e.g., breakout spaces, quiet spaces, outdoor spaces, etc.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

9. The physical building at my school is accessible.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

10. Information is shared with me in a way that I can access, e.g., verbally, in translation, braille, large font, etc.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

11. I have opportunities to communicate with my school and district.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

12. If I am away from school, I am still able to access learning.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

13. I am given choices and flexibility in my learning, e.g., flexible due dates, showing my learning in a variety of ways, etc.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Never or Rarely, please provide additional information.

14. I face situations in which people do not know how to include me because of my accessibility needs.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

If you selected Often or Always, please provide additional information.

15. The Greater Victoria School District policies and procedures support my access to learning.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Unsure

If you selected Never or Rarely, please provide additional information.

16. Is there anything else you would like to share?

Please provide your name, email, or phone number if you would like to be contacted (optional).

Name: _____

Email: _____

Phone: _____

Please return this form to the office at your local Greater Victoria School District school, or to the district head office at:

Greater Victoria School District No. 61

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