



BCEdAccess

2021-22 BCEdAccess Exclusion Tracker

INFORMATION AND INSTRUCTIONS (22 required questions, 29 optional - 10 to 25 min. to complete)

INSTRUCTIONS:

If you are the parent/guardian of a K-12 student with disabilities and/or complex learning needs in BC, fill this form out EACH TIME your child or youth is excluded from school. There is an added 3 question section for student feedback if they wish to share.

If you are unsure of how to answer the questions, please feel free to make use of the short answer spaces throughout the survey.

WHAT AND WHO IS THIS SURVEY FOR?

This survey is for parents and guardians of K-12 students with disabilities and/or complex learners in the British Columbia education system. It is intended to be used by them on a continuous basis, as often as necessary through the 2021-22 school year to document *exclusions of students and to encourage the province and school districts to track and examine their own data on exclusions, in order to find the best solutions to this global issue.

This is our 4th school year tracking exclusions. Some options have been modified year to year to reflect common responses.

***Exclusion is, under the School Act, actually sometimes a suspension and the rules that govern this should be laid out in School Board policy in your District or Independent School Authority. Ask your school, the District or Authority why your child has been suspended.**

WHAT WILL THE DATA AND INFORMATION BE USED FOR?

The data and information collected here will be used to create a series of reports. The reports will be snapshots of the data over time, and will be used to highlight some of the issues and practices that may lead to student exclusion*, from the perspective of their parents and guardians, and the students themselves. The reports

will be shared with School Boards, the Ministry of Education, and media.

Your email address will be collected as a method of validating your identity as a human and an individual, but will not be associated with the data when shared in the report. You will not be added to any mailing lists unless you opt in to the BCEdAccess mailing list, and your contact information will not be shared in any way. All emails except those who opted in to the mailing list will be deleted from any records we may have upon publishing of the survey report. Individual responses will not be given to any third party. Text responses may be shared in the report as standalone quotes if identifying information is not contained within them.

*****COMPLETING THE SURVEY IMPLIES THAT YOU AGREE WITH THE INFORMATION IN THE ABOVE DISCLAIMER.*****

WHO IS BCEdAccess?

BCEdAccess, as an organization of parents and guardians of children and youth with disabilities and/or complex learning needs in British Columbia, supports the rights of children and youth with disabilities and/or complex learning needs to achieve equitable access to a quality education in accordance with international human rights law, and full inclusion and participation in their schools and communities.

BCEdAccess has been operating as a grassroots volunteer advocacy organization for over 7 years, and is now the BCEdAccess Society, a non-profit organization. Learn more and support/donate to our organization here: <https://bcdaccess.com>

1. Send me reports from this survey and information from BCEdAccess

Yes

* 2. What is your email address?

* 3. What grade is your child/youth in?

* 4. Where does your child/youth attend school?

5. Did you fill out the Exclusion Tracker in previous years?

Yes

No

* 6. What is your child/youth's Ministry of Education 'special needs' designation, if they have one? (This will be on the student's IEP)

* 7. Date of Exclusion -(This tracking form is for incidents during the 2021 -22 school year)

Date / Time

Date

* 8. How much time did your child/youth miss from the school day? Please select the option closest.

* 9. Was the exclusion just today, or multiple days? If so, how many? (Please take note of holidays or Pro-D days)

- Just today
- 2-3 Days
- 3-4 Days
- 1 Week
- 2 Weeks
- 3 Weeks
- 1 Month
- Between 1-2 Months
- Between 2-4 Months
- Longer than 4 Months

* 10. How was your child/youth excluded from school?

* 11. Was the child/youth's usual support personnel absent?

- Yes
- No
- My child has no usual support personnel

* 12. Was there an incident?

* 13. Was your child/youth physically restrained? (these are the full Ministry definitions)

- Yes - Restrained ("a method of restricting another person's freedom of movement or mobility-in order to secure and maintain the safety of the person or the safety of others")
- No
- Not Sure
- Yes - Secluded ("is the involuntary confinement of a person, alone in a room, enclosure, or space which the person is physically prevented from leaving.")
- Yes, both restrained and secluded

* 14. Do you need advocacy support? If "yes", your responses here will be shared with Inclusion BC so that they can contact you.

- Yes, please have InclusionBC contact me
- Yes, I need help but I don't want my answers shared. Please send me the handbook.
- No

15. If you would like advocacy support, please include your name and best phone number to reach you. (Optional)

Name

Phone

16. Is there anything else about the Exclusion that you would like to include?

17. Were your child/youth's education assistant, nursing or other support hours reduced for the 2021-22 school year? (Note - this is generally decided in Spring, and you'll have to ask your school team)

- Yes, but we are OK with this
- Yes, this was against our outside professional's recommendations
- No
- I don't know

18. If yes, were you able to get their support hours reinstated?

- Yes
- No
- Not applicable
- I am not sure
- I am working on this right now

19. What were the Hours reduced to?

From... (2020-21 support hours)

To... (2021-22 support hours)

20. Do you have anything to add about support for your child/youth?



BCEdAccess

2021-22 BCEdAccess Exclusion Tracker

The Path Back to Inclusion

* 21. Have you discussed your concerns with the school based team? Please check all that apply.

Education Assistant

Classroom teacher

Principal/Vice Principal

Other (please specify)

Learning or Integration Support Teacher (LST/IST)

I have not yet discussed with any of them

I have emailed my concerns, but have not yet heard back

* 22. Have you contacted anyone at your District office? Please check all that apply.

District Principal

Superintendent

Director of Instruction

I have not yet discussed with any of them

Area Superintendent

I have emailed my concerns, but have not yet heard back

Other (please specify)

* 23. Have you contacted any other organizations so far for support? Please check all that apply.

InclusionBC

District Parent Advisory Council (DPAC)

Family Support Institute of BC (FSI)

Not Applicable

BC Confederation of Parent Advisory Councils (BCCPAC)

Other (please specify)

* 24. Have you contacted your Board of Education?

Not yet

Yes, and filed a Section 11 appeal

Yes, but just an informal discussion so far

I have emailed my concerns, but have not yet heard back

* 25. If you have filed a Section 11 appeal, what was the result?

Appeal approved, my concerns are being resolved

Appeal denied. (Click for more information about [BC Ombudsperson](#))

Hearing has not yet taken place

My concern was resolved after filing a Section 11, but before the hearing

Not applicable

Other (please specify)

* 26. Have you filed a complaint with any of these organizations? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Teacher Regulation Branch (TRB) - will investigate teaching certificate holders, which can include teachers, admin and District personnel | <input type="checkbox"/> First Nations Caring Society / Jordan's Principle - First Nations children are to receive the public services they need (including education) when they need them. |
| <input type="checkbox"/> BC Ombudsperson - will investigate any public entity (such as school Districts) for administrative unfairness | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> BC Human Rights Tribunal (HRT) - addresses concerns in regards to human rights violations, such as discrimination towards a protected characteristic (such as disability, gender or sexual orientation, race, family status) | |

* 27. Have you contacted any of these for additional support? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Media | <input type="checkbox"/> My MP - which was not helpful |
| <input type="checkbox"/> My MLA - which was helpful | <input type="checkbox"/> My <u>MP</u> - but I have not yet received a response |
| <input type="checkbox"/> My MLA - which was not helpful | <input type="checkbox"/> The Ministry of Education |
| <input type="checkbox"/> My <u>MLA</u> - but I have not yet received a response | <input type="checkbox"/> <u>Erase BC</u> |
| <input type="checkbox"/> My MP - which was helpful | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other (please specify) | |

* 28. Have you faced any type of retaliation for your advocacy? Please check any that apply.

- | | |
|--|--|
| <input type="checkbox"/> Ministry of Child & Family Development (MCFD) contacted me about a complaint they received | <input type="checkbox"/> School staff has become hostile to me or my child |
| <input type="checkbox"/> 911 was called on my child at school, but I did not consider it an emergency | <input type="checkbox"/> Staff who previously had no concerns, now refuse to work with my child citing "unsafe work" |
| <input type="checkbox"/> RCMP/School Liason officer was involved with my child, but I did not consider it an emergency | <input type="checkbox"/> I'm being guilting into accepting less for my child, because it will "take away" from another student |
| <input type="checkbox"/> Personal information about my family has been distributed without our consent | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> I have been told I am not allowed on school grounds (Section 177) | |

Other (please specify)

29. Are you involved with your school PAC (Parent Advisory Committee)? Check all that apply.

- Yes, I'm on the executive (ie President, Treasurer, Secretary)
- Yes, I'm on the inclusion committee
- Yes, I attend meetings
- Yes, I volunteer for PAC activities and fundraisers
- Other (please specify)
- Sort of - I follow the PAC Facebook page
- No, I'd like to be but don't have childcare for my other children
- No, I'm not involved

* 30. Would your excluded child or youth like to answer a few questions?

- Yes
- No



BCEdAccess

2021-22 BCEdAccess Exclusion Tracker

Student Feedback

31. Tell us about how you were excluded.

32. Did anyone at school talk to you about why you were being excluded?

- Yes
- No

33. What do you hope will happen now?



BCEdAccess

2021-22 BCEdAccess Exclusion Tracker

Do you want to answer some demographic questions?

* 34. Are you willing to answer some optional demographic questions?

Yes

No



BCEdAccess

2021-22 BCEdAccess Exclusion Tracker

Optional Demographics

35. Are **you** (the parent/guardian) currently a student, or working at a paid position or volunteering?

- Yes, at home
- Yes, out of the home
- Yes, both at home and out of the home
- Not currently studying/working/volunteering
- Prefer not to answer

36. Would **you** (the parent/guardian) have had a diagnosis or designation under the current criteria if you were in school?

- Yes
- No
- I don't know
- Prefer not to answer

37. If yes, which one?

- | | |
|---|---|
| <input type="radio"/> A: Physically dependent, multiple needs | <input type="radio"/> H: Students Requiring Intensive Behavior Intervention or Students with Serious Mental Illness |
| <input type="radio"/> B: Deaf-Blind | <input type="radio"/> K: Mild Intellectual Disabilities |
| <input type="radio"/> C: Moderate to Profound Intellectual Disabilities | <input type="radio"/> P: Gifted |
| <input type="radio"/> D: Physical Disability or Chronic Health Impairment | <input type="radio"/> Q: Learning Disabilities |
| <input type="radio"/> E: Visual Impairment | <input type="radio"/> R: Students Requiring Behavior Support or Students with Mental Illness |
| <input type="radio"/> F: Deaf or Hard-of-Hearing | <input type="radio"/> Not applicable |
| <input type="radio"/> G: Autism Spectrum Disorder (ASD) | <input type="radio"/> Prefer not to answer |

38. How many children do you have at home?

39. Do you have a partner living with you?

- Yes
- No
- Part time

40. What is the actual custody &/or caregiving split?

You	50/50 Co-Parenting	The other Parent
<input type="radio"/>	<input type="range"/>	<input type="text"/>

41. Is your child/youth currently in temporary or permanent Care with MCFD? (fostering, kinship, special needs agreement, voluntary agreement, etc)

- Yes
- No
- Prefer not to answer

42. What was your net family income last year? (this will be on your Child Benefit statement)

- Under \$25,000
- Between \$25-50,000
- Between \$50,000-75,000
- Between \$75,000-100,000
- Over \$100,000
- Prefer not to answer

43. What have you paid for privately in the last year for support for your child/youth? Please check all that apply.

- Tutoring
 - We paid privately for diagnosis
 - Home team sessions with BCBA, interventionists, etc.
 - Psychoeducational assessment
 - Speech & Language Pathologist (SLP) assessment
 - SLP sessions
 - Occupational Therapist (OT) assessment
 - Other (please specify)
 - OT sessions
 - Physical Therapist (PT) assessment
 - PT sessions
 - Counseling
 - Not applicable
 - Prefer not to answer
-

44. Are **you** (the parent/guardian) considered an immigrant to Canada?

- No, Canadian citizen born in Canada
- No, Canadian citizen born abroad
- Yes, permanent resident
- Yes, immigrant sponsored by other family in Canada
- Yes, refugee
- Yes, other
- Prefer not to answer

45. Is your **child** an considered an immigrant to Canada?

- No, Canadian citizen born in Canada
- No, Canadian citizen born abroad
- Yes, permanent resident
- Yes, immigrant sponsored by other family in Canada
- Yes, refugee
- Yes, other
- Prefer not to answer

46. Do **you** (the parent/guardian) identify as 2SLGBTQIA? (This refers to people who are Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual)

- Yes
- No
- Prefer not to answer

47. Does your **child/youth** identify as 2SLGBTQIA? (This refers to people who are Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual)

- Yes
- No
- Prefer not to answer

48. What is **your** (the parent/guardian) first language spoken?

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> German |
| <input type="checkbox"/> French | <input type="checkbox"/> Tagalog (Pilipino, Filipino) |
| <input type="checkbox"/> Panjabi (Punjabi) | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese, not otherwise specified | <input type="checkbox"/> Persian (Farsi) |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hindi |

Other (please specify)

49. What is your **child/youth's** first language spoken?

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> German |
| <input type="checkbox"/> French | <input type="checkbox"/> Tagalog (Pilipino, Filipino) |
| <input type="checkbox"/> Panjabi (Punjabi) | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese, not otherwise specified | <input type="checkbox"/> Persian (Farsi) |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hindi |

Other (please specify)

50. What best describes **your** (the parent/guardian) ethnicity? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Indigenous (includes Aboriginal, First Nations, Inuit, Métis) | <input type="checkbox"/> Southeast Asian (includes Cambodian, Filipino, Indonesian, Vietnamese, etc) |
| <input type="checkbox"/> African | <input type="checkbox"/> West Asian (includes Afghani, Iranian, Arab, Kazakhistani, etc) |
| <input type="checkbox"/> Australian, Pacific Islander | <input type="checkbox"/> Latin American, South American, Central American |
| <input type="checkbox"/> European (includes British, Irish, German, Dutch, Ukranian, Italian, Russian, etc) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> East Asian (includes Chinese, Japanese, Korean, etc) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> South Asian (includes East Indian, Pakistanti, Sri Lankan, etc) | |
| <input type="checkbox"/> Other (please specify) | |

51. What best describes your **child/youth's** ethnicity? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Indigenous (includes Aboriginal, First Nations, Inuit, Métis) | <input type="checkbox"/> Southeast Asian (includes Cambodian, Filipino, Indonesian, Vietnamese, etc) |
| <input type="checkbox"/> African | <input type="checkbox"/> West Asian (includes Afghani, Iranian, Arab, Kazakhistani, etc) |
| <input type="checkbox"/> Australian, Pacific Islander | <input type="checkbox"/> Latin American, South American, Central American |
| <input type="checkbox"/> European (includes British, Irish, German, Dutch, Ukranian, Italian, Russian, etc) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> East Asian (includes Chinese, Japanese, Korean, etc) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> South Asian (includes East Indian, Pakistanti, Sri Lankan, etc) | |
| <input type="checkbox"/> Other (please specify) | |



BCEdAccess



2021-22 BCEdAccess Exclusion Tracker

Thank You! Please share this survey widely.

You can come back to this survey as often as necessary through this school year and we encourage you to do so because more responses are helpful.

We would also like to encourage you to share this survey with your friends and colleagues. If you see a social media post about exclusion, post the link to the survey, <https://bcedaccess.com/exclusion-tracker/> Bookmark this link for yourself as well.

We appreciate your participation in the Exclusion Tracker Survey! Collecting your feedback is an important part of the work we do at BCEdAccess.