

TRIGGER WARNING

Unvalidated Day School Institutions & Indian Residential School Institutions

The history and legacy of day schools and residential schools continue to have serious and negative impacts on survivors, their children, grandchildren, and their communities. This discriminatory legacy is present in many Canadian institutions and is demonstrated through the systemic racism we see today. We recognize that reliving memories and writing or speaking about them is difficult and we acknowledge the emotional labour required of you to complete this questionnaire.

Please take your time completing the questionnaire. We recommend you locate a safe environment and if you need support, please reach out to those you trust to help you with the process.

If you need our help, we are happy to assist and more importantly, please take all the time you need!

We thank you and honour your needs throughout this incredibly triggering process. We know this will be just one part of a long journey toward healing.

NOTE: This is a QUESTIONNAIRE, not an application or claim form.

We are collecting information and some of the questions may not be relevant to your claim. We also recommend telling us what you feel comfortable telling us for the moment. You can always update us with information as you remember it and as you feel comfortable.

IRS National Crisis Line: 1-866-925-4419

Indian Residential Schools Survivors Society: 1-800-721-0066



1-800-994-7477

WWW.COOPERREGEL.CA

info@cooperregel.ca

This questionnaire applies only to the schools excluded from the Federal Day School Settlement.

If the school you attended is NOT listed here, please complete this questionnaire:

<https://indiandayschools.com/en/wp-content/uploads/schedule-k.pdf>

UNVALIDATED & EXCLUDED DAY SCHOOLS

Please return this QUESTIONNAIRE to

Cooper Regel LLP

77 Chippewa Road

Sherwood Park AB T8A 6J7

info@CooperRegel.ca

1-800-994-7477

Fax: 780-570-8467

QUESTIONNAIRE

NAME (First, Middle, Last): _____

OTHER NAMES: by which
you have been known
(include different spellings) _____

ADDRESS: _____

TELEPHONE NUMBER(s): _____

EMAIL: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

WHERE WERE YOU BORN: _____

HEALTH CARE NUMBER: _____

S.I.N. NUMBER: _____

I.D. NUMBER: _____

Status Non-Status Indian Metis Inuit None

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SCHOOL YEARS

1. List the name(s) of the school or schools that you attended and indicate what years you were there.

2. To the best of your knowledge, did you also attend a day school that is covered by the current Day School settlement? _____

3. Who ran the school(s): Federal Government, Province, religious institution, etc.)

4. Please indicate if you lived in a hostel/dormitory or at home during for each school you attended. If you lived in a hostel/dormitory, what was the name of it?

5. Have you received the Common Experience Payment for attending residential or day school? What residential school did you attend and when?

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6. Do you remember any staff names? If so, please state their name and job:

ABUSE - The following pertains to abuse suffered at the hands of persons in authority or by another student.

7. Did you suffer any physical abuse at the school? If so, what was the name of the person that abused you and his or her position in the school? (ie: teacher, supervisor, student). Where did the physical abuse take place?

8. Did you suffer any sexual abuse at the school? If so, what was the name of the person that abused you and his or her position in the school? (ie: teacher, supervisor, student). Where did the sexual abuse take place?

9. Did the abuse cause any physical injuries (ie. scars, broken bones, loss of consciousness)? If so, did you receive any treatment or medical care for these injuries? When did this happen, who provided treatment and where was treatment given?

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10. Did any other students witness the abuse? What are their names and addresses/contact information if you know?

11. Did you ever tell anyone about the abuse? Who did you tell and when did you tell that person? If you did not report the abuse, please state why.

12. When did the abuse take place (your age or years at school)? How many times did it happen?

13. Did you tell anyone or make a complaint about your treatment at the school to any School authority or R.C.M.P or anyone else? If so, who was the complaint made to and when was the complaint made?

14. To assist with your document collection, please provide the names of your

Sisters & Brothers:

Spouses, Common-law partners, and/or previous relationships:

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15. Have you experienced depression, anxiety or post-traumatic stress disorder?

Yes _____ No _____

If yes, please describe. Were you ever diagnosed by a doctor?

16. Have you previously contacted the Federal Indian Day School Class Action?

Yes _____ No _____

17. Any other comments: