

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](mailto: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

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>

## 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?

---

---

---

---

---

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>

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?

---

---

---

---

---

---

---

---

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>

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:

---

---

---

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>

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: