

Evidence of Institutional Failure in Child Safeguarding

A Consolidated Report on Ontario's Education System

Prepared by David Todor | OntarioEducationReview.ca

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Executive Summary

This consolidated report presents three interrelated, testimony-based reports examining concerns related to governance, safeguarding, and accountability within Ontario's publicly funded education system. Reports 1 and 2 document the experiences, correspondence, and investigative findings of David Todor through his engagement with school boards and the Ontario Ministry of Education, drawing on direct communications, policy documents, and Freedom of Information disclosures. Report 3 presents the public testimony and professional perspective of Ontario educator Carolyn Burjoski, whose experience provides an independent account of classroom practices, institutional culture, and the treatment of dissenting voices.

Together, these accounts examine what is described as a school-to-medical pathway affecting minors, alongside broader concerns regarding parental involvement, institutional transparency, and the response of educational authorities to safeguarding concerns raised by parents and educators. The material presented documents patterns in policy implementation, administrative conduct, and classroom practices, and raises questions regarding the adequacy of oversight, accountability mechanisms, and protective safeguards governing decisions that may affect children and families within Ontario's education system.

CHEO

Coming to CHEO

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Access Team

Adolescent Health Clinic

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Audiology Clinic

Autism Services

Bone Health Clinic

BORN Ontario

Cardiology Clinic

Centre for Healthy Active Living

Child and Youth Protection

During your visit you will meet clerks, nurses, social workers and physicians from the Adolescent Health and Endocrinology teams. You might also meet staff from other areas across CHEO.

How to make an appointment

To book an appointment with CHEO's Gender Diversity clinic you will need to have a referral.

!

Please note, our clinic accepts referrals for children and youth living in Ontario only.

We accept referrals from:

Health-care providers, like your family doctor or pediatrician;

school guidance counsellors and teachers;

community partners (this could be Youth Services Bureau, YouthNet, a psychologist in the community and others).

Meet with your family doctor, pediatrician or school guidance counsellor, etc. and ask them to send in a referral.

Gender Diversity Clinic referral form

Illustration 1: Children's Hospital of Eastern Ontario (CHEO) Gender Diversity Clinic indicating that referrals may originate from school guidance counsellors and teachers, alongside medical providers for mental and physical treatments.

Statement of Perspective and Scope

Prepared in response to growing public debate surrounding parental involvement, gender identity policies, safeguarding, and transparency within Ontario's publicly funded education system, this report documents publicly available policies, institutional practices, correspondence, testimony, and legislative developments. Its purpose is to examine whether these collectively reveal broader patterns affecting children, parents, and educators.

The report compiles personal testimony, documented correspondence with public institutions, Freedom of Information disclosures, publicly available policy documents, and recorded testimony from educators. The material was gathered between 2022 and 2026 during attempts to obtain clarification from school boards and the Ontario Ministry of Education regarding policies affecting children.

Where possible, original quotations from policy documents, emails, published materials, and recorded testimony are reproduced directly in order to preserve context and allow institutions and individuals to speak in their own words. All quotations are reproduced to the best of the author's ability from the original sources available at the time of writing.

The interpretations and conclusions presented reflect the author's understanding of the information reviewed and are offered in the interest of documenting concerns related to educational policy, child safeguarding, and institutional accountability. Efforts have been made to represent the policies, actions, and statements of institutions accurately using publicly available documents and direct quotations. Readers are encouraged to consult the cited materials in their full context.

Ultimately, the report is intended to contribute to public discussion while encouraging greater transparency, accountability, and independent scrutiny in matters affecting children and Ontario's publicly funded education system.

Child Safety Is Paramount. Academic Excellence Is Foundational.

Report 1: School-to-Medical Pathways in Ontario

The first report establishes a three-stage framework describing how schools may function as entry points into medical transition pathways for minors.

The first stage involves the normalization of gender identity concepts through curriculum content, school events, visual messaging, and student surveys that collect personal, demographic, and psychological information. These activities are framed within school initiatives promoting inclusion and diversity.

The second stage involves the integration of third-party activist organizations into school environments. These organizations may provide identity-affirming education, workshops, resources, and guidance to students, often presenting gender identity exploration and transition pathways as supportive or affirming options.

The third stage describes downstream pathways through which students may be directed toward psychological services, hormone treatment, or surgical interventions through external healthcare systems. These processes are frequently framed within “informed consent” models, and in some cases may occur without parental knowledge or direct involvement.

The report evaluates these developments through a child-safeguarding lens, arguing that policies that limit parental disclosure or encourage secrecy between students and families may introduce risk factors commonly identified in safeguarding and abuse-prevention frameworks.

Report 2: Ministry of Education Complicity in School-to-Medical (Case #15720248293)

The second report examines the response of the Ontario Ministry of Education to parental complaints regarding alleged school-to-medical pathways affecting minors, within the broader context of provincial policies governing gender identity programming, student data collection, and partnerships with external organizations.

The report documents a series of inquiries submitted to the Ministry seeking clarification on these practices, including questions related to funding, oversight, and the role of third-party organizations. According to the report, the Ministry’s responses relied primarily on general policy references rather than directly addressing the specific concerns raised.

Freedom of Information disclosures indicate that internal Ministry communications focused on managing correspondence and determining how to conclude further engagement, rather than assessing the safeguarding concerns themselves. These discussions included the use of standardized responses and consideration of limiting further communication.

The report also situates these findings within Ontario’s child protection framework, including Erin’s Law and the Child, Youth and Family Services Act, which emphasize the duty to report and investigate potential harm to children. It raises broader concerns regarding transparency, accountability, and the consistency with which safeguarding concerns are addressed by provincial institutions.

Report 3: Carolyn Burjoski: Treatment of Whistleblowers & Library Books

The third report presents the testimony of veteran Ontario elementary school teacher Carolyn Burjoski, who describes professional consequences following her public criticism of school library materials and policies related to gender identity.

Burjoski recounts an incident in which she attempted to read passages from a children's book during a school board meeting to illustrate what she viewed as misleading or incomplete descriptions of pediatric gender transition. According to her testimony, the presentation was stopped before completion and was followed by disciplinary action, removal from classroom duties, and accusations of transphobia.

Her testimony raises concerns regarding the suppression of dissent among educators, the presence of sexually explicit or developmentally inappropriate materials in school libraries, and policies that may allow students to socially transition at school without parental knowledge.

Burjoski also describes classroom policies encouraging teachers to immediately affirm a student's declared gender identity through changes to names, pronouns, and facility access. She reports that educators were often instructed not to inform parents of these changes without the student's consent, creating situations in which different identities were used at school and at home.

The testimony further raises ethical questions regarding children's ability to meaningfully consent to medical interventions with lifelong consequences, including infertility and sexual dysfunction, and references emerging international debates about the evidence base for pediatric gender medicine.

The preceding sections present documented correspondence, policy references, and testimony that form the evidentiary basis of this report. The following synthesis reflects the author's interpretation of that material.

Conceptual Model of the School-to-Medical Pathway

The evidence presented throughout is organized around a conceptual model that compares the school-to-medical pathway to a traditional sales funnel used in marketing and business development. In business, a sales funnel is designed to move a prospective customer through a series of progressive stages—from initial awareness of a product, to developing interest, evaluating available options, engaging with sales representatives, and ultimately making a purchase. The objective is to identify the individuals most receptive to the product and systematically guide them toward a desired outcome through repeated messaging, relationship building, and progressively greater commitment.

This record examines whether a comparable process exists within Ontario's education and healthcare systems. Rather than selling a commercial product, it's suggested that schools may function as an entry point into a broader institutional pathway that introduces students to gender identity ideology, identifies those who are most receptive to its messaging, and progressively directs some students toward psychological services, medical intervention, and irreversible procedures. Because the public education system reaches nearly every child in Ontario, it provides institutions with an unparalleled opportunity to influence children during some of the most formative years of their development.

The first stage of this model explores how awareness is created through repeated exposure to gender identity messaging across the educational environment. Curriculum materials, classroom discussions, celebration days, visual displays, student surveys, staff training, school clubs, activist organizations, political messaging, and media coverage all contribute to establishing a consistent narrative. As awareness grows, the report examines how interest is cultivated by encouraging participation in identity-based clubs, specialized programs, counselling services, and school activities that promote continued exploration of gender identity. These environments provide opportunities to identify students who are particularly receptive to the messaging or who may already be experiencing emotional vulnerability, loneliness, anxiety, depression, or confusion regarding their identity.

The report then examines how this interest may progress into a process of evaluation, where students begin interpreting their personal experiences through the framework of gender identity and are encouraged to pursue additional support. At this stage, school staff, counsellors, outside organizations, and educational resources may play a role in directing students toward identity affirmation, professional counselling, and medical consultation. As engagement deepens, students are introduced to progressively more significant interventions, including social transition, gender-affirming equipment, hormone therapy, puberty blockers, and surgical pathways. Throughout this process, the report considers the role of institutional support, informed consent models, referral practices, and the relationship between educational institutions and healthcare providers.

Finally, the report examines the long-term outcomes associated with these interventions. Particular attention is given to permanent physical alterations, lifelong medical dependency, infertility, psychological consequences, and the broader implications of decisions made during childhood and adolescence. Unlike a commercial purchase, these outcomes cannot simply be returned or undone. For this reason, the report argues that the progression from early exposure to irreversible medical intervention warrants careful scrutiny, particularly where vulnerable minors are involved.

The purpose of this model is not to assume its conclusion, but to provide a framework for examining the evidence presented throughout the three reports that follow. Each stage will be explored independently through policies, legislation, school board documents, public statements, third-party organizations, and medical guidance before the findings are brought together in the final conclusions.

Overall Synthesis

Although each report examines a different aspect of Ontario's publicly funded education system, together they describe what is presented as a coordinated institutional process rather than a series of isolated policies or events. Report 1 examines the progression from school-based identity programming to psychological and medical pathways. Report 2 documents the response of the Ministry of Education to safeguarding concerns raised by a parent, including internal communications obtained through Freedom of Information requests. Report 3 provides the testimony of an experienced Ontario educator who describes classroom practices, library materials, institutional culture, and the treatment of professional dissent.

Viewed collectively, these reports raise broader questions regarding child safeguarding, parental authority, institutional transparency, and governmental accountability. They examine how educational policies, third-party organizations, healthcare providers, legislative frameworks, and oversight bodies may operate as successive components of a broader institutional pathway affecting vulnerable minors. Rather than treating these topics as independent issues, this analysis considers whether they form an interconnected system that progressively guides students from early exposure to gender identity concepts toward psychological support, medical intervention, and irreversible procedures.

The conceptual model presented provides the analytical framework for understanding this progression. It compares the documented practices to the stages of a traditional sales funnel—not to suggest a commercial transaction, but to illustrate how repeated exposure, targeted engagement, progressive affirmation, and institutional support may function together as a structured pathway. The reports that follow examine each stage independently through policies, legislation, correspondence, Freedom of Information records, educator testimony, third-party organizational materials, and publicly available documents before drawing conclusions based on the evidence presented.

“In our country, the lie has become not just a moral category, but a pillar of the state.”

“Nothing forces them to speak the truth in reply, but no one allows them to keep silent! They have to talk! And what else but a lie? They have to applaud madly, and no one requires honesty of them. The permanent lie becomes the only safe form of existence... “

- Aleksandr Solzhenitsyn, Gulag Archipelago

Report No. 1 – School-to-Medical Pathways in Ontario

A structured Review of Policies, Practices, External Organizations and Child Safeguarding Concerns

Executive Summary

This report documents what is described as a school-to-medical pathway operating within Ontario school boards, using the Waterloo Region District School Board (WRDSB) as a case study. Based on school board policies, surveys, public statements, promotional materials, and third-party organizational documents, the pathway is presented as occurring in three stages:

Stage One – Schools normalize sexual identity and gender ideology while collecting detailed personal and psychological data on minors and limiting parental awareness of these processes.

Stage Two – Schools invite or collaborate with activist organizations that provide identity-affirming education, materials, and guidance to vulnerable children, while a broader network of institutional and political actors supports, reinforces, and defends these practices as necessary for student safety, inclusion, and human rights.

Stage Three – Students are directed toward psychological therapy, medication, and irreversible medical procedures, often under an “informed-consent” model.

This document incorporates child protection definitions, recognized indicators of abuse dynamics, and statements from school leadership, raising safeguarding concerns regarding age-appropriateness, parental exclusion, and potential cumulative harm to minors.

R1.1 Laying the Foundation

R1.1.1 Identifying Gender Ideology

Gender ideology can be understood as a belief system in which a person’s internal sense of gender is treated as distinct from—and potentially in conflict with—the biological sex of the body. Within this view, gender identity refers to a person’s internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. The practical implication is that a biological male may identify and be recognized as a girl or woman, while a biological female may identify and be recognized as a boy or man. Gender identity is therefore treated as an internal characteristic capable of taking precedence over the observable sex of the body, forming the basis for practices of social transition and affirmation examined throughout this report.

When a person experiences significant distress because of a perceived conflict between biological sex and gender identity, this may be described as gender dysphoria. There is an irony within this concept that deserves consideration. Gender is increasingly described as a social construct, while at the same time an expanding collection of gender identities and labels is used to categorize internal feelings, personality traits, appearance, expression, and relationships to traditional masculine and feminine stereotypes. A child who does not conform to conventional expectations associated with boys or girls may therefore be encouraged to interpret that discomfort through the language of gender identity. Rather than eliminating restrictive stereotypes, this approach can risk reinforcing them by suggesting that discomfort with stereotypically male or female characteristics may signify membership in another gender category.

Central to this belief system is the decoupling of sex from gender. In ordinary public language, the terms *sex* and *gender* have historically often been used synonymously when referring to male and female. The contemporary gender-identity model assigns them different meanings: biological sex

describes physical reproductive characteristics, while gender is increasingly used to describe an internal identity that may be independent of those characteristics. Separating the two allows subjective identity to be treated as distinct from biological sex and provides the conceptual basis for pronoun changes, social transition, and other forms of gender affirmation. This distinction is important to the sections that follow, because much of the educational policy and institutional practice examined in this report depends upon accepting gender identity as a category separate from biological sex.

The Canadian Department of Justice [defines](#) the following:

***Gender identity** is each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from the gender typically associated with their sex assigned at birth. For some persons, their gender identity is different from the gender typically associated with their sex assigned at birth; this is often described as transgender or simply trans. Gender identity is fundamentally different from a person's sexual orientation.*

***Gender expression** is how a person publicly presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person's chosen name and pronoun are also common ways of expressing gender.*

We can observe this definition of gender identity relies entirely on subjective internal feelings rather than objective or observable criteria. It defines gender identity as a person's "internal experience of gender," but never clearly defines what gender itself is, resulting in circular reasoning. Because the concept is based on personal perception—such as a "sense of being" a man, woman, both, or neither—it lacks measurable standards and cannot be independently verified or consistently applied. Critics argue that definitions used in education, policy, or law typically require clear and observable characteristics, whereas this definition places authority solely in individual self-identification without clear boundaries, while others must affirm.

The definition also separates gender identity from biological sex while expanding identity categories across an undefined "spectrum." This creates a system where biological classification and self-declared identity operate as separate frameworks, which can lead to conflicts in policy areas such as schools, sports, privacy spaces, and data collection. Additionally, the concept of gender expression—defined through clothing, appearance, voice, and behavior—can reinforce traditional stereotypes rather than eliminate them. As a result, critics argue that the framework introduces ambiguity, lacks objective grounding, and creates difficulties when applied to institutional policies and child-focused environments.

On March 8, 2023, former PM Justin Trudeau issued the following [statement](#) for Woman's Day:

*"..Every Woman Counts, is a reminder that all women, from all ages and walks of life, have a place in every aspect of Canadian society. With a disturbing recent rise in anti-transgender hate here in Canada, we reiterate today that **trans women are women** and we will always **stand up to hate** whenever and wherever it occurs.*

The statement celebrates International Women's Day while simultaneously redefining the category it claims to protect without clearly defining what a woman is. By asserting that "trans women are women" without establishing an objective definition of womanhood, the policy framework removes the biological basis on which sex-based protections for women and girls have historically been built. If the term *woman* is defined purely through self-identification rather than biological sex, the legal and policy category becomes unclear and difficult to enforce. This creates a contradiction: governments claim to

protect women as a distinct group while dissolving the criteria that identify that group. Without a clear definition, sex-based rights—such as protections in sports, privacy spaces, health policy, and data collection—become ambiguous, making it harder to measure inequality or enforce safeguards designed specifically for females. In that context, celebrating International Women’s Day while leaving the category of *woman* undefined exposes a tension between symbolic recognition and the practical ability to protect the group being recognized.

R1.1.2 Federal Funding Initiatives

The federal government’s own communications make clear that its involvement extends beyond recognizing or protecting 2SLGBTQI+ Canadians and into directly financing organizations, campaigns, and Pride activities. In an August 19, 2026 [post](#), Women and Gender Equality Canada presented “2SLGBTQI+ communities” alongside “safe spaces and support,” “amplified voices” alongside “inclusion and respect,” and, most revealingly, “investing and funding” alongside “real impact on the ground.” Nine days later, the department provided a broader picture of this financial commitment, stating that since 2022 it has supported more than 240 projects reaching nearly 50,000 2SLGBTQI+ people and allies. Budget 2025 provides another \$54.6 million over five years, with \$10.9 million ongoing for the 2SLGBTQI+ community sector, including \$7.5 million over five years and \$1.5 million ongoing for Pride Security. These are not presented simply as expenditures for neutral government services. The department describes its investments as strengthening “community capacity” and advancing inclusion, while its Unity awareness campaign encourages Canadians to respond to stigma through “education, reflection, and action.” The government is therefore using taxpayer money not only to provide support, but to develop organizations, increase their capacity, amplify selected voices, conduct public campaigns, and encourage social action.



Illustration 2: Social media post by "Women and Gender Equity Canada"

The timing and terminology of these communications are also significant. Pride was traditionally concentrated around June and commonly described as “Pride Month,” yet Women and Gender Equality Canada continued publishing Pride and 2SLGBTQI+ promotional material on August 19 and August 28, while the federal government now repeatedly employs the broader term “Pride Season.” Its June announcement describes Pride festivals as “important cultural and economic drivers” and says federal investments are intended to strengthen communities and expand their participation in Canadian society. Fierté Canada Pride similarly declares that Pride sends “a powerful message that our communities belong and will continue to be seen.” The language has consequently moved well beyond a month of recognition. Pride is presented as an extended series of activities, festivals, public campaigns, organizational initiatives, and government-supported programs whose objectives include visibility, participation, awareness, and continued institutional presence.

There is a further contradiction in Women and Gender Equality Canada serving as the principal institutional vehicle for much of this activity. A department whose name invokes women’s equality is

directing substantial and increasingly permanent resources toward an identity-based policy agenda that, as discussed earlier in this report, separates the category of *woman* from biological sex. Rather than maintaining a distinct focus on the material and sex-based interests of women, the department now operates a 2SLGBTQI+ Secretariat, finances community organizations and Pride initiatives, conducts awareness campaigns, and coordinates related policies across government. The 2022 Action Plan even calls for the Gender Results Framework—originally a whole-of-government mechanism for identifying gender-equality priorities—to be modified so that it better reflects 2SLGBTQI+ communities and ensures that “2SLGBTQI+ equality is considered in the decision-making process.” The irony is difficult to ignore: the federal institution carrying *Women* in its name has become one of the principal mechanisms for institutionalizing an understanding of gender that simultaneously makes the category of *woman* less dependent upon sex.

The government has also moved beyond funding outside organizations and increasingly assumed an advocacy role itself. The Federal 2SLGBTQI+ Action Plan explicitly identifies one of its objectives as supporting the “growth, sustainability and leadership” of community organizations in “advocating for” the communities they represent. It allocated up to \$40 million in new capacity-building grants and up to \$35 million in new project funding, including projects intended to “challenge harmful norms and attitudes.” It separately allocated up to \$5.6 million for a government-led awareness campaign intended to influence public understanding of 2SLGBTQI+ communities. Internationally, the plan commits Canada to advocacy through diplomatic and multilateral channels and describes Canadian missions as conducting activities that amplify Canada’s position and encourage audiences to take action in support of it. This distinction matters. Government is no longer acting exclusively as an impartial administrator protecting citizens from unlawful discrimination; by its own description, it finances advocacy, challenges attitudes it considers harmful, conducts awareness campaigns, amplifies a particular policy position, and encourages others to act in support of that position. The state has consequently become both the financier and an active participant in the advocacy it funds.

This development did not appear overnight. The government’s own chronology identifies 2019 as the year in which “targeted programming for 2SLGBTQI+ communities” was announced, including the Community Capacity Fund and efforts to advance 2SLGBTQI+ rights internationally through Canada’s Feminist International Assistance Policy. The Community Capacity Fund subsequently supported organizations in establishing formal networks, becoming legally constituted, developing strategic and financial plans, improving leadership skills, and increasing their long-term sustainability. The 2022 Action Plan dramatically expanded this direction with \$100 million over five years and established six federal priorities, culminating in the explicit objective to “Embed 2SLGBTQI+ issues in the work of the Government of Canada.” To accomplish this, the government allocated up to \$11.7 million to stabilize and expand the 2SLGBTQI+ Secretariat and established senior-level interdepartmental governance tables led by Women and Gender Equality Canada. It also created a Community and Government of Canada Partnership Committee so community representatives could regularly inform implementation and future government actions, while committing to engagement with provincial, territorial, and municipal governments. What began as targeted programming was therefore developed into a coordinated, whole-of-government effort intended not merely to fund individual projects, but to embed these priorities within the machinery of federal decision-making itself.

These initiatives reveal a progression from recognition, to targeted programming, to organizational financing, public advocacy, permanent administrative structures, and finally the deliberate integration of 2SLGBTQI+ priorities throughout government. The Action Plan itself calls for “sustained efforts across all levels of government, industries and society” and describes itself as an “evergreen document”

intended to guide federal work into the future. The significance is therefore greater than any individual Pride grant or social-media post. The federal government has constructed a continuing system in which taxpayer money develops advocacy organizations, those organizations participate in shaping government priorities, government departments promote those priorities, and additional public resources sustain the process. Although Women and Gender Equality Canada does not administer Ontario's education system, these federal initiatives provide important context for what is subsequently observed within provincial institutions and school boards. The federal Action Plan expressly seeks to embed 2SLGBTQI+ issues throughout government, engage provincial and territorial governments, influence public attitudes through awareness campaigns, and financially strengthen organizations engaged in advocacy. Viewed in that context, the policies examined throughout cannot simply be characterized as an isolated grassroots development originating within individual Ontario schools. They exist within a much larger, coordinated political effort in which government institutions provide funding, organizational capacity, messaging, and policy direction from the top down. The federal government may not write Ontario's curriculum, but it has explicitly committed public resources toward changing attitudes, strengthening advocacy organizations, and embedding these priorities throughout Canadian institutions—creating the political and institutional environment in which similar initiatives emerge within education.

R1.1.3 Defining Child Abuse and Normalization

Child sexual abuse encompasses both contact and non-contact behaviour, and does not require physical touching to cause harm. The [Canadian Centre for Child Protection](#) identifies non-contact examples including exposing a child to sexual acts or pornography, exposing a child to sexual material, communicating with technology to facilitate a sexual offence, inviting sexual touching online, voyeuristically observing or recording a child, and asking sexually intrusive questions or making sexually explicit comments to a child. Its guidance also identifies warning signs that may warrant attention, including advanced sexual knowledge beyond a child's developmental level, sexualized behaviour, withdrawal or depression, emotional distress around a particular adult, declining school performance, aggression, self-destructive behaviour, physical symptoms, and disrupted sleep. These definitions establish an important safeguarding principle: inappropriate sexual conduct involving children is not limited to physical contact, and behavioural or psychological effects may themselves indicate that boundaries have been crossed.

The [Ontario Association of Children's Aid Societies](#) similarly describes child sexual abuse as a process that may begin well before physical sexual contact occurs. Its guidance emphasizes a fundamental legal safeguard: "In Canada, sexual activity with a child under the age of 16 years is a criminal offence regardless of the child's perceived consent." It further explains that offenders may test a child's personal-safety awareness and whether the child is likely to disclose concerning behaviour to an adult, while noting that child sexual abuse remains significantly under-reported. Recognizing abuse requires attention not only to an eventual act, but also to the behaviours and relationships that may precede it. Patterns involving trust-building, attention, secrecy, isolation, normalization of inappropriate behaviour, boundary testing, desensitization, and discouraging disclosure are significant because individual actions may appear innocuous when viewed in isolation, while their progression and cumulative effect may reveal a more concerning pattern.

Grooming describes this gradual process of establishing trust and access to a child while progressively weakening appropriate boundaries. The Canadian Centre for Child Protection describes grooming as a

calculated process in which an offender builds trust with a child and the adults surrounding that child in order to gain access and time alone with them. Its guidance identifies behaviours such as repeatedly exercising poor judgment around children, normalizing or minimizing inappropriate interactions, creating opportunities for exclusive communication, ignoring physical or emotional boundaries, communicating outside the adult's proper role, introducing sexual references or sexualized humour, encouraging secrecy, and displaying preferential attention. The significance of grooming is therefore found in the progression: seemingly ordinary interactions can gradually establish trust, normalize increasingly inappropriate behaviour, reduce resistance, and make recognition or disclosure more difficult.

These recognized safeguarding patterns provide a basis for examining the practices documented in the following sections. School-based discussions of sexuality or gender identity are not, by themselves, evidence of grooming or child abuse, and the terms should not be treated as interchangeable. The concern examined here is whether a combination of practices—repeated sexual and identity-based discussions with young children, collection of intimate information about sexuality and emotional vulnerability, confidential affirmation of identities, reduced parental awareness, access to private clubs or outside organizations, and subsequent connections to counselling or medical services—can reproduce particular dynamics that child-protection organizations identify as warning signs when they occur in other contexts. If institutional authority progressively normalizes sensitive sexual subject matter, weakens ordinary boundaries between children and adults, encourages confidentiality from parents, identifies vulnerable minors, and facilitates increasingly consequential interventions, the relevant safeguarding question is not simply whether each practice can be defended individually, but whether their cumulative progression creates foreseeable psychological or physical risks to children.

The Canadian Centre for Child Protection is also relevant because it was identified as one of the resources referenced in connection with teacher training and child safeguarding. After contacting the organization directly for further information, I was provided with guidance emphasizing that recognizing possible abuse must be followed by appropriate reporting. Where there is concern that a child is being abused or is at risk of harm, the Centre directs adults to share those concerns with a child-protection authority or police, emphasizing that a person making a *report is not required to prove that abuse has occurred*; rather, the appropriate authority receives the information and determines what action is warranted. Teachers and school staff therefore form an important part of the safeguarding process because they are positioned to recognize concerns involving children and direct them through established reporting channels. This same principle provides an important test of institutional accountability throughout this review: concerns identified through the evidence examined here were subsequently reported to educational authorities and police to determine whether those institutions would receive, document, assess, and appropriately respond to them. Their responses are examined in later sections.

R1.2 Stage 1: School-Based Normalization and Data Collection

R1.2.1 Normalization of Sexual Identity and Gender Ideology

School boards increasingly normalize discussions of sexual orientation and gender identity throughout the academic year, not through a single lesson or isolated event, but through repeated institutional exposure. This can include school-wide celebrations, themed days and months, classroom discussions and curriculum framing, gender-neutral language, flags, murals and posters, and staff-led messaging presented under the language of inclusion, affirmation and empowerment. Within the material examined, the cumulative volume of this programming is estimated to occupy roughly 30 percent of the

school year, even before accounting for club meetings, classroom lessons, assemblies and guest speakers. The Waterloo Region District School Board (WRDSB) formally allocates school time to sexual-identity and gender-related observances involving students beginning in kindergarten, while also using social-media platforms such as Instagram to communicate directly with youth audiences. This creates an environment in which children may encounter messages concerning sexuality and gender repeatedly and through numerous channels, often without parents being directly involved in each interaction. The concern raised are therefore not simply that these subjects are discussed, but that repetition and institutional endorsement can progressively make increasingly sensitive concepts appear routine and unquestionable. Where this progression extends into sexually explicit library materials or age-inappropriate discussions, critics may draw parallels to recognized patterns of boundary erosion: sensitive sexual subjects are introduced incrementally, familiarity reduces resistance, and material that parents might otherwise consider inappropriate becomes normalized through repeated exposure and the authority of the school. We will examine whether that process is occurring within Ontario education, how extensively it reaches students, and where appropriate boundaries between education, inclusion, ideological advocacy and the sexualization of minors should be drawn.

Students are exposed to these concepts from an early age through tools such as the “[Genderbread Man](#)” or “The Gender Unicorn,” which present sex and gender as fluid and existing on a spectrum. Early lessons suggest that children can be born into the wrong body, that gender is assigned rather than observed at birth, and that gender-neutral language should replace biologically grounded terms such as “boys” and “girls” with words like “they,” “child,” “kids,” “friends,” and “folks.” Students are further introduced to pronouns and the expectation that identity must be affirmed by others as a measure of inclusion and respect. These approaches are outlined in the [Trans Affirming Education in Schools: An Educator Toolkit](#), developed in collaboration with the Ontario Secondary School Teachers’ Federation, Elementary Teachers’ Federation of Ontario, and Ontario Teachers’ Federation.

A document labelled “The Early Years,” focusing on elementary education, addresses the topic of “[Loaded Language: Changing How We Talk About Gender](#),” which aims to offer information that contradicts stereotypes and communicates values in a respectful way. This document was shared with teachers to help change the language used in early education. Examples from this document include:

1. *Instead of “Boys and girls, ladies and gentlemen, you guys” – try “children, students, kids, comrades, everyone, everybody, folks, you all, y’all.”*
2. *Instead of “Boys have penises, girls have vaginas” – try “Many boys have penises, and some others do too. Many girls have vaginas and vulvas, and some others do too.”*
3. *Instead of “You were born a girl” or “He was born a girl” – try “When you were born, we guessed you were a girl. You get to decide if that is true” or “He has a body that made grownups guess he was a girl when he was born.”*
4. *Instead of “You’re a boy because you have a penis” – try “You get to decide if you’re a boy, girl, both, or something else.”*

Books made available in schools normally fall into two categories: education or entertainment. School boards claim to include books accepted by the Ministry of Education, but boards are also permitted to add supplementary material to their libraries. In recent years, many of these newer books have carried a DEI theme (diversity, equity, and inclusion), with many focusing on race and sexuality. Individual schools state that they aim to provide age-appropriate books, but growing access to e-reading and audiobooks allows students of every age to access this material online if it is available. These books

range from innocent gender expression and illustrations of genitals and sexual acts, to detailed depictions of sexual abuse including pedophilia and rape. These are not always therapy or educational books, but novels that sympathize with or normalize abusive behaviour.

Sexual behaviour and discussion are further normalized through sexuality-based celebration days. These days of celebration fall under the LGBTQ umbrella and roughly 30% of school days are spent drawing attention to sexuality-oriented topics or sexual identity appreciation.

These days include, but are not limited to:

- International Transgender Day of Visibility
- International Asexual Visibility Day
- International Day of Pink
- Nonbinary Parents Day
- Lesbian Visibility Day
- International Day Against Homophobia, Transphobia, and Biphobia
- Gender Equality Week
- Bisexual Visibility Day
- International Lesbian Day
- International Pronouns Day
- TransParent Day
- Transgender Awareness Week
- International Transgender Day of Remembrance

Celebrated Months

- Pride Month
- 2SLGBTQIA+ History Month

These observances are framed as inclusive education but are presented here as sexual identity celebrations directed at minors. Beyond teaching, compelled speech, and the celebration of sexuality, gender identity, and related behaviour, school boards also invite special guests and organizations to hold events, provide access to books and materials, and organize clubs and activities focused on discussions of sexuality and gender. WRDSB acknowledges focusing its social media posts on students—primarily minors—while moving away from sharing information aimed at parents, caregivers, and the broader community discussions.



Illustration 3: WRDSB's Instagram Days of Celebration Posts

A range of recognized warning signs associated with potential abuse or distress in children, includes advanced sexual knowledge beyond developmental stage, sexualized behaviour, withdrawal, aggression, sudden declines in school performance, emotional instability, and fixation on or distress around specific adults. Historically, one of the clearest red flags was when a child demonstrated knowledge or language about sexual activity that exceeded what would be age-appropriate. However, as discussions around sexual identity, preferences, and related topics have become increasingly normalized within school environments, this distinction has become blurred. What was once considered an indicator of concern may now be interpreted as part of standard educational or social discourse, making it more difficult for parents, educators, and authorities to identify when a child is exhibiting warning signs that warrant further investigation. As a result, vulnerable children—particularly those already experiencing distress, instability, or lack of support—may be overlooked, as behaviours that once prompted concern are now more easily dismissed or misinterpreted within the current cultural and educational context.

Engaging with Students on Instagram

Communicating directly with the students we serve is an important part of achieving our Strategic Directions. With this in mind, we will be evolving our approach to how we use the @WR_DSB Instagram account.

You'll begin to see posts speaking directly to students, and a shift away from posts that focus on information speaking to parents, caregivers and community members. This information will continue to be posted on our Threads and Facebook accounts.

Illustration 4: WRDSB's website statement admits focus on targeting students (minors)

R1.2.2 Policies Limiting Parental Awareness

On January 30, 2023, then-WRDSB Director of Education Jeewan Chanicka [stated](#):

"I have shared information talking about the high rates of depression and suicide among some community groups."

This statement is presented as an admission that elevated mental-health distress is used as justification for increased sexual identity programming, materials, and school activities involving ever-growing groups of minors who are at high risk of depression and suicide under their leadership. Despite elevated mental health risks for these groups, administrative procedures within WRDSB and comparable boards state that: a school shall not disclose a student's gender identity or transition status to parents without the student's explicit consent, a student's self-identification alone determines gender and students may access washrooms, change rooms, and sports based on gender identity.

This raises concern that policies intentionally isolate children from parental figures, which is a known risk factor in abusive dynamics. Abusive situations are often characterized by isolation, which is a strong indicator of exploitative behaviour. The abuser attempts to create distance between the child and figures of authority and protection such as family and friends. During the isolation process, the child becomes more dependent on the abuser and less likely to disclose abuse.

The abuser, in this case the education system, identifies a potential victim. Minors who are vulnerable, isolated, or seeking validation and attention are more prone to being targeted. Adults often find it difficult to identify and avoid exploitation and manipulation, but minors are dramatically more vulnerable because of their innocence, their willingness to trust, and their lack of life experience. Because of undeveloped judgment, limited mental capacity, and lack of life experience, all children are

vulnerable, while some are far more vulnerable than others. The most vulnerable among them include children who do not have a stable family, who suffer from mental or physical disabilities, who have been neglected or abused, or who have parents or caregivers who are compromised, coerced, or manipulated into believing and enforcing an ideology.

Under the guise of LGBTQ inclusion, supported by political correctness, human rights rhetoric, and care-giving language, a wide net is cast over children in the education system as schools identify which children are prone to exploitation. In order to identify these vulnerable children, schools use surveys, promote and celebrate sexual identities, establish “safe spaces” to attract minors such as LGBT clubs, and encourage staff members and students to engage in sexual identity conversations.

Schools have procedures that explicitly address the disclosure of a child’s sexuality to parents. The Waterloo Region District School Board (WRDSB) [Administrative Procedure 1235](#) (Accommodation of Persons Who Identify as Transgender) states:

“Some students who identify as transgender are not openly so at home because of safety and/or other reasons. A school shall not disclose a student’s gender status to the student’s parent(s)/guardian(s) without the student’s explicit prior consent.

When a school staff contacts the home of a student who identifies as transgender, the student should be consulted

first to determine an appropriate way to

reference the student’s gender identity. Not doing so can potentially put a student’s well-being and safety at risk.

School staff should talk to the student about letting their administrator, teachers, guidance counselor, child and youth worker and other school staff know, explaining reasons why it may be helpful for them to be aware (e.g. making calls home).”

The gender procedure implemented at WRDSB is not an isolated case. Unlike policies, a school board procedure does not require trustee consultation. Trustees are elected to represent the public, yet the public is not consulted. In an audio snippet made public between Hamilton-Wentworth District School Board



**Waterloo Region
District School Board**

Administrative Procedure 1235
**ACCOMMODATION OF PERSONS WHO
IDENTIFY AS TRANSGENDER**

Some students who identify as transgender are not openly so at home because of safety and/or other reasons. A school shall not disclose a student’s gender status to the student’s parent(s)/guardian(s) without the student’s explicit prior consent.

When school staff contacts the home of a student who identifies as transgender, the student should be consulted first to determine an appropriate way to reference the student’s gender identity. Not doing so can potentially put a student’s well-being and safety at risk.

If students have first disclosed their gender status to staff, it is strongly suggested that staff privately ask transgender students at the beginning of the school year how they want to be addressed in correspondence to the home or at meetings with the student’s parent(s)/guardian(s). School staff should talk to the student about letting their administrator, teachers, guidance counsellor, child and youth worker, and other school staff know, explaining reasons why it may be helpful for them to be aware (e.g., making calls to home). Staff should respect a student’s decision not to disclose to others.

1.2 Washroom Access

Under the Ontario Human Rights Code, all students have a right to safe restroom facilities and the right to use a washroom that best corresponds to the student’s gender identity, regardless of the student’s sex assigned at birth. Requests for accommodation may include the use of one, or both, gendered washrooms, or the use of a private single stall washroom. The student’s self-identification is the sole measure of their gender.

1.5 Change Rooms

Students have the right to a safe change room that corresponds to their gender identity. Any alternative arrangement will be provided in a way that protects the student’s ability to keep their transgender status confidential. In addition, transgender students have the right to an accommodation if requested that best meets the individual student’s particular needs. Such accommodations may include: (a) use of a private area within the public area (a bathroom stall with a door; an area separated by a curtain; a P.E. instructor’s office in the change-room); (b) a separate changing schedule in the private area (either utilizing the change room before or after the other students); (c) use of a nearby private area (a nearby washroom; a vacant office); (d) access to the change room corresponding to the student’s assigned sex at birth, or (e) satisfaction of the P.E. requirement by independent study outside of P.E. class. The accommodation must be acceptable to the student.

1.6 Gender Segregation in Other Areas

As a general rule, gender segregation should be avoided where possible.

Illustration 5: WRDSB’s procedure for transgender students

Chair Dawn Danko and MPP Donna Skelly, the Chair [elaborated](#):

“Procedures are set by staff. They are not approved by trustees. They are not vetted by trustees, but they flow out of the policy. So this procedure was developed by staff; trustees were informed about it and just shared the link. We didn’t have any training, didn’t have any needing to review it because that is not our standard process.

Procedures are not something that families or communities are consulted on. We consult at the policy level, which again, I know from a trustee’s perspective, sometimes it’s frustrating that it’s so up in the clouds, pie in the sky.”

These policies position schools as intermediaries between students and parents, limiting parental awareness and shifting decision-making authority toward school staff. As a result, students may become increasingly dependent on school-directed support systems. .

School boards take additional steps to hide information by limiting criticism, comments, dissent, and parental participation. Their online presence is highly regulated, with opposing or critical comments hidden, deleted, limited, or removed entirely by closing comment sections. Anyone who does not agree is labelled hateful, discriminatory, transphobic, or homophobic, creating further division and isolation among students, staff, parents, and the broader community. The only acceptable response to vulnerable students struggling with identity is affirmation from staff and isolation from anyone who offers a different perspective.

R1.2.3 Student Surveys and Data Mining

School-administered surveys represent another means through which school boards collect highly personal information from students, reportedly beginning with children as young as four years old. These surveys can extend beyond conventional educational questions to ask about gender identity and sexual orientation, emotional and psychological well-being—including happiness, distress, and self-perception—and details concerning family structure, parental background, and household stability. The breadth of this collection can be characterized as a form of data mining, particularly where sensitive information is aggregated and used to identify demographic patterns, perceived vulnerabilities, or groups considered in need of additional support. The concern is therefore not simply what questions are being asked of minors, but how the resulting information is classified, interpreted, retained, and ultimately used to inform targeted programs and interventions within the education system.

“Gender identity is a person’s individual sense of being a boy/man, a girl/woman, both, neither, or having another identity on the gender spectrum. What is your gender identity?”

I believe these types of surveys also identify vulnerable children who do not have stable adults in their lives and who are living with dissatisfaction or distress. By identifying these children, the school can step in and easily assume a parental role. While on the surface this may sound beneficial, I question how many struggling students fall victim to it.

What is your age?

4-13 years
13-18 years
18+ years

Gender identity is a person's individual sense of being a boy/man, a girl/woman, both, neither or having another identity on the gender spectrum. A person's gender identity may be different from the sex that was identified for them when they were born (such as female, intersex, or male). For more information about gender identities, you can read the [Ontario Public Service Glossary on Gender Identity](#).

What is your gender identity?

Sexual orientation is a personal characteristic that forms part of who you are. It covers the range of feelings and expressions related to an individual's romantic and/or physical attractions. Sexual orientation is distinct from an individual's gender identity.

What is your sexual orientation?

Illustration 6: WRDSB surveys minors on sexual orientation and asks intrusive personal questions about disabilities, personal life and family dynamics

The school also assured parents that the survey was confidential and anonymous, while providing limited information about the questions being asked, making informed opt-in or opt-out decisions impossible. However, my research led me to discover that WRDSB partnered with Rainbow Schools, and according to Rainbow Schools:

“The census is not anonymous. Student demographic data will be merged with student achievement data. Staff demographic data will be overlaid on top of student demographic/achievement data.”

The school board misinformed parents about the survey content, misrepresented who the survey targeted, and stated that the information was confidential while the data was being analyzed in a non-anonymous way and used for further action.

I can share that the Student Census is mandated by the government for Ontario school boards under the Anti-Racism Act, 2017. This legislation requires all Ontario school boards to collect identity-based student information. The WRDSB's process, led by the WRDSB Research Department, been developed in accordance with the guidance and legislation provided by the Ministry of Education, The Anti-Racism Act, the Anti-Racism Directorate, the Ontario Human Rights Commission, and the Municipal Freedom of Information and Protection of Privacy Act.

Collecting data on gender identity allows the school board to identify systemic barriers that impact students who are gender diverse and fulfills the WRDSB's commitment to affirming Two-Spirit and LGBTQIA+ identities and addressing homophobia, transphobia and biphobia.

Illustration 7: WRDSB superintendent Crissa Hill confirms via email the survey is mandated by Ministry of Education on March 12, 2026

The surveying of minors on matters of sexual orientation and attraction raises additional concerns regarding the scope of school authority and the boundaries of student privacy. It is believed that questions of this nature fall outside what schools should be asking children, regardless of the policy framework being cited. This concern is not procedural, but principled. The collection of personal data related to a child's sexuality is not necessary to create a respectful or inclusive environment, and it extends beyond the educational mandate of the school system. While such surveys are often justified under legislation such as the Anti-Racism Act, 2017 and associated policies referencing protected grounds under the Ontario Human Rights Code, it is believed that recognizing these categories does not require directly questioning minors about their personal sexual preferences. *Respect for individuals does not require intrusive data collection.* The sexuality of children is not the responsibility of school boards, and the use of surveys to gather this information disregards parental boundaries, undermines trust, and introduces sensitive topics in a manner that many families do not accept.

Beyond questions of sexuality, the survey extends into deeply personal areas of a child's life, including disabilities, mental health, emotional well-being, and family dynamics. Students are asked to disclose information related to their physical or learning disabilities, levels of stress or happiness, and details about their home environment, including family structure and stability. This type of data collection goes far beyond educational assessment and enters into highly sensitive territory that would traditionally fall under parental responsibility or clinical care. When combined with identity-based questions, it creates a comprehensive profile of a child's vulnerabilities, emotional state, and personal circumstances. It is believed that this level of data collection is not incidental, but intentional—designed to identify students who may be more susceptible to external influence or intervention. The concern is not only the nature of the questions, but the cumulative effect: schools positioning themselves to gather detailed personal, psychological, and familial information about minors without clear necessity, transparency, or meaningful parental consent.

Even when these surveys are described as “voluntary,” that alone does not make them appropriate. In any other context, it would be widely recognized as inappropriate to ask minors—or even adults—intrusive questions about their sexual preferences, personal health, or family circumstances. Simply adding “you do not have to answer” does not change the nature of the question or make it acceptable. There is an inherent power imbalance between educators and students, where children may feel pressure to comply regardless of their comfort level, particularly within a structured school environment. This concern is especially significant given that the vast majority of students in the

All students continue the survey here

A disability is a condition that affects your mind or body. It could always be present or it could come and go. A disability may stop you, or limit you, from doing the things you want to do. (Source: [Accessible Employers](#)).

10. Do you identify as a person with a disability/disabilities? If yes, select all that apply.

- ☐ No
- ☐ ADHD (Attention Deficit Hyperactivity Disorder)
- ☐ Blind/Low Vision
- ☐ Deaf/Hard of Hearing
- ☐ Learning, perceptual, cognitive, or developmental (e.g. autism, Down syndrome, dyslexia, FASD, learning disability, neurodiverse, Tourette syndrome)
- ☐ Medical (e.g. addiction, airway management, allergies, asthma, chronic pain, diabetes, epilepsy, feeding tube)
- ☐ Mental health (e.g. depression, eating disorder, high anxiety, OCD, psychosis)
- ☐ Physical (e.g. coordination, dexterity, mobility, movement)
- ☐ Speech impairment
- ☐ Prefer not to answer
- ☐ A disability or condition not listed above (please specify) _____

12. Before moving to the final set of questions, is there anything you would like us to know about the answers you have shared so far (e.g. feeling worried about keeping your answers private or issues with how the questions were asked)?

- ☐ Yes, please specify: _____
- ☐ No

The final questions on the Census ask you about your eating habits, your learning environment at home, your access to activities at school and in your community, as well as your sense of belonging, inclusion, and engagement in school. This will help us to understand differences that students may be experiencing in their day-to-day lives.

Illustration 8: 2026 WRDSB surveys students to disclose intimate personal details, disabilities and family dynamics

system are minors. In Canada, sexual activity with a child under the age of 16 is a criminal offence regardless of the child's perceived consent, and while the general age of consent is 16, individuals under 18 are still legally minors and are afforded additional protections—especially in situations involving authority, trust, or dependency. In a school setting, where educators and staff hold clear positions of authority, these protections are directly relevant. Introducing sensitive, personal questioning in this environment disregards these legal and developmental safeguards and reinforces the concern that such surveys extend beyond the appropriate role of educational institutions into areas where children are explicitly recognized as requiring protection.

R1.2.4 Student Survey Escalation Process and Freedom of Information Findings

In March 2026, I wrote to my school principal to formally express concerns regarding the upcoming census survey and to request that my child be exempted from participation. This was not a casual inquiry, but a direct challenge to the appropriateness of the survey itself. In my letter, I stated:

“I would also like to formally state that I do not believe questions about sexual orientation or sexual attraction are appropriate for minors. In my view, topics related to children's sexuality should not be included in surveys directed at students, nor should they fall within the scope of the school board's responsibilities or discussions with children.”

I also requested clarification on how the survey data would be analyzed and asked that my concerns be escalated to the superintendent.

In response, the superintendent assured me that the survey was conducted in accordance with Policy/Program Memorandum 119 and Policy Memorandum 145, which require boards to collect data related to bullying and harassment, including areas tied to gender identity. However, this response did not address the core issue raised. In reply, I issued a follow-up letter reinforcing my position:

“I want to be clear and firm in my position. I do not believe it is appropriate for minors to be surveyed on matters related to sexual orientation or sexual attraction. In my view, questions of this nature fall outside the proper scope of what schools should be asking children, regardless of the legislative or policy context being cited. This concern is not procedural—it is principled. I do not support the administration of surveys that collect this type of information from students.

You can respect someone's orientation without making inappropriate inquiries about it. The sexuality of children is not the responsibility or business of the WRDSB, and I do not accept that collecting this type of personal information is necessary to create a respectful or inclusive

Gender identity is a person's personal sense of being a boy/man, a girl/woman, both, neither or having another identity on the gender spectrum. A person's gender identity may be different from the sex that was identified for them when they were born (such as female, intersex, or male). For more information about gender identities, you can read the [Government of Ontario's glossary of gender identity terms](#).

9. **What is your gender identity? Select all that apply.**

- ☐ Agender
- ☐ Female/Girl
- ☐ Gender fluid
- ☐ Gender nonconforming
- ☐ Genderqueer
- ☐ Intersex
- ☐ Male/Boy
- ☐ Non-binary
- ☐ Trans
- ☐ Two-Spirit
- ☐ Prefer not to answer
- ☐ A gender not listed above (please specify)

The next question will appear for students in grade 7 and above (to account for student maturity and comprehension).

Sexual orientation is a personal characteristic that forms part of who you are. It covers the range of feelings and expressions related to an individual's emotional and/or physical attractions.

What is your sexual orientation? Select all that apply.

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning
- ☐ Straight/heterosexual
- ☐ Two-Spirit
- ☐ Prefer not to answer
- ☐ A sexual orientation not listed above (specify)

Illustration 9: WRDSB's 2026 survey soliciting minors to disclose their gender and sexual orientation

environment.

While I understand that the board is operating under the Anti-Racism Act, 2017 and related policies, I do not agree that this justifies including questions about a child's sexuality. The policy framework referenced emphasizes addressing systemic barriers and protected grounds under the Ontario Human Rights Code, including sexual orientation and gender identity. However, recognizing protected grounds does not require directly surveying minors about their personal sexual preferences.

As a parent, I expect the board to advocate for and respect our family's boundaries and beliefs. I do not see that reflected in the current approach to this survey."

Rather than engaging with the substance of these concerns, the superintendent re-framed them as "sharing my feelings," stating: *"I am not in a position to share your feelings with the Ministry of Education or to confirm their direct reply,"* and directed me to raise the issue with the Ministry myself. She further indicated that the Director had approved her response when I requested escalation. When I contacted WRDSB Director Scott Miller directly, his executive assistant responded on his behalf, aligning with the superintendent and again reframing my concerns as "opinions." The response stated:

"Given that the concerns raised in your email are your personal concerns and opinions, and that the survey is authorized under multiple provincial legislations, including the Ministry of Education, you are welcome to raise your concerns with the Ministry of Education using one of the methods outlined in our previous emails."

Attempts were then made to engage my local trustee, but my correspondence was ignored. Only after reaching out more broadly did another trustee agree to forward my concerns to the Ministry of Education. Following this, I submitted a Freedom of Information (FOI) request to obtain any internal communications regarding how my case was handled and to understand why concerns raised at multiple levels were consistently dismissed.

Despite the Board stating it had conducted a "reasonable search," not a single internal email, staff communication, forwarded message, or documented discussion was disclosed. This was in direct contradiction to the records that were released, which referenced communications between the Principal, Superintendent, Director of Education, a shared document among senior staff, and a trustee forwarding my concerns to the Ministry. I formally identified these omissions and requested clarification. In response, the Board updated the Index of Records but maintained that a reasonable search had been completed. It stated that any additional communications may have occurred verbally, may not have been retained, or may not fall under records within the Board's custody or control.

The Board ultimately concluded that no further responsive records exist and advised that the next step would be to appeal the decision to the Information and Privacy Commissioner of Ontario. It is difficult to reconcile the claim of a "reasonable search" with the complete absence of internal communications, particularly when the disclosed records themselves confirm that discussions took place across multiple levels of the organization.

This process demonstrates a consistent pattern across multiple levels of the school board: concerns raised by parents are not meaningfully engaged, but instead reframed, redirected, or dismissed. At no point was there a genuine effort to communicate these concerns upward or advocate on behalf of families to the Ministry of Education. Instead, responsibility was repeatedly shifted back to the parent, while the institution maintained alignment with existing policy frameworks. This breakdown in communication and accountability erodes trust between families and the education system. Without

transparency, cooperation, and a willingness to engage in good faith, the relationship between parents and schools cannot function effectively, leaving parents excluded from decisions that directly impact their children.

R1.3 Stage 2: Involvement of Activist Organizations with External Support

R1.3.1 External Organizations Embedded in Schools

Schools invite and promote activist organizations that explicitly target children and youth, including elementary-aged students. These organizations are promoted through school websites, social media platforms, guidance counsellors, assemblies, and in-class presentations, where they describe their work as “support,” “education,” or “affirmation.”

Schools also run activist sexuality-based clubs such as LGBTQ/Pride clubs, Gay-Straight Alliances (GSA), Queer-Straight Alliances (QSA), or similar clubs that may use more subtle names such as “Student Wellbeing Portal” or “Safe Spaces Club” in order to disguise their purpose, include more students, and avoid drawing parental attention. These clubs take place during school hours, and concerns have been raised about students being pulled from classrooms to participate without parental knowledge or consent. They are aimed at LGBTQ-identified students and may also attract vulnerable children struggling with depression, anxiety, loneliness, or a desire for acceptance.

Within these environments, conversations surrounding gender identity and affirmation are actively encouraged, while alternative viewpoints are often characterized as harmful, discriminatory, or the product of “unconscious bias.” Staff are encouraged to examine their own biases, challenge traditional beliefs, and adopt identity-affirming approaches as the expected standard of care. Ironically, this process begins from the assumption that gender ideology is unquestionably true, leaving little room for critical examination or competing perspectives. Rather than recognizing their own conscious commitment to a particular ideological framework, educational institutions frequently portray disagreement itself as evidence of bias. In practice, this creates an environment where one set of beliefs is promoted as objective and inclusive, while dissenting views are discouraged, marginalized, or treated as requiring correction.



Illustration 10: From WRDSB's Instagram, various activist ("allies") and community involvement, drag queen speaker, and leadership supporting pride flag murals on school property

Although these clubs offer seemingly innocent activities such as board games, arts and crafts, and social time, they also provide affirmation, emotional reinforcement, and a social outlet for students who have adopted a sexual or gender identity, are experiencing confusion, depression, or anxiety, or are seeking attention and belonging. These clubs are typically run by teachers, but are presented as student-run. They function as social hubs and forms of political organizing designed to maximize their impact on the school, the community, and students' exploration of identity. Sexual conversations and discussions of behaviour take place among students and staff, which can lead students into deeper involvement in LGBTQ communities, therapy, and medical affirmation through third-party recommendations. These pathways can carry lifelong psychological and physical ramifications.

Schools also promote special events such as school-wide assemblies, activities, or presentations focused on sexuality and gender-based identity behaviour. Special guests, activists, third-party organizations, or drag performers may be invited to present sexuality-oriented stories in order to “empower” children, encourage open conversations, normalize certain behaviours, sustain activism, and pressure others to become allies. These conversations often take place without prior parental knowledge or consent, and students may not be told the topic of the event until they are required to attend. Promotional materials from these groups, such as pamphlets, stickers, temporary tattoos, or other branded items, may then be distributed to students even after the event ends.



Illustration 11: Educators lead students to create pride affirming artwork

While all of these organizations operate with an activist mindset and advocate for LGBTQ/trans ideology while targeting minors, the following are examples of [organizations connected](#) to schools, along with brief descriptions:

- *SOGI 123*: Sexual Orientation and Gender Identity curriculum and education courses
- *SHORE (Planned Parenthood)*: Sexual health awareness and affirmation services
- *Get REAL Movement*: Activist organization advocating for the 2SLGBTQ lifestyle
- *OK2BME*: Support for the LGBTQ lifestyle, offering resources such as medical therapy
- *The 519*: Activist support for the LGBTQ lifestyle, offering resources such as medical therapy
- *Egale*: Activist support for the LGBTQ lifestyle, offering resources such as medical therapy
- *GEGI*: Targets students and teachers with LGBTQ resources and education
- *Gender Creative Kids*: Targets young trans, non-binary, and gender-fluid children
- *Gender Spectrum*: Links minors to medical, mental health, and affirmation professionals
- *Spectrum*: Affirmation and medical resources

- *Pflag*: Peer-to-peer support on sexual orientation, gender identity, and expression
- *GLSEN*: Develops LGBTQ-inclusive classroom resources

Through access to inappropriate material such as books, sexuality-based clubs, activities, and the invitation of leaders or activist organizations, the school tests the boundaries of what is acceptable and identifies students who are willing to deepen their involvement and take action.

I firmly believe medical interventions such as psychological therapy and gender-affirming therapy using drugs, body alterations, and genital surgeries are exploitative in nature.

The results of exploitation can cause irreversible lifelong psychological and physical damage. Psychological abuse can lead to emotional trauma, PTSD, low self-esteem, depression, anxiety, trust issues, sexual dysfunction, self-blame, isolation, cognitive distortions, substance abuse, physical symptoms, suicidal thoughts, and possibly harm to others. Physical abuse can lead to permanent body alterations, loss of sensation, loss of body parts, and dependence on medical intervention or substances with serious side effects. Beyond personal harm, children who are exploited place additional strain on surrounding family and social relationships.

Exploitation can lead victims into behaviours such as deviant sexual exploration, sexualized communication, the creation of erotic media, attendance at sexualized events, and experimentation. Due to the constant promotion and celebration of sexual identity and behaviours, the education system can attract interest from predators and others seeking to exploit abused minors, including teachers and staff, third-party organizations, the medical care industry, and any other institution that stands to profit or gain credibility from the misfortunes of vulnerable children.

Organizations operating within or alongside schools may provide or promote gender-affirming counselling, identity-affirming therapy, breast binders, packers, gaffs, trans tape, and identity-focused materials and workshops. Some also provide information and guidance for accessing medical care and navigating healthcare services, extending their involvement beyond school-based education and social support.

Affirmation care is the leading strategy used by medical professionals, especially in sexual health.

Affirmation is the process of agreeing with and encouraging a person through emotional support or direct action. On the surface, this appears innocent. However, because of political pressures and activist influence, opposing views are strongly discouraged and often labelled as violations of human rights. The affirmation approach forces medical professionals to affirm delusions and self-destructive behaviours rooted in simplistic claims such as “reality is subjective,” even when applied to basic scientific truths such as the biological distinction between male and female.

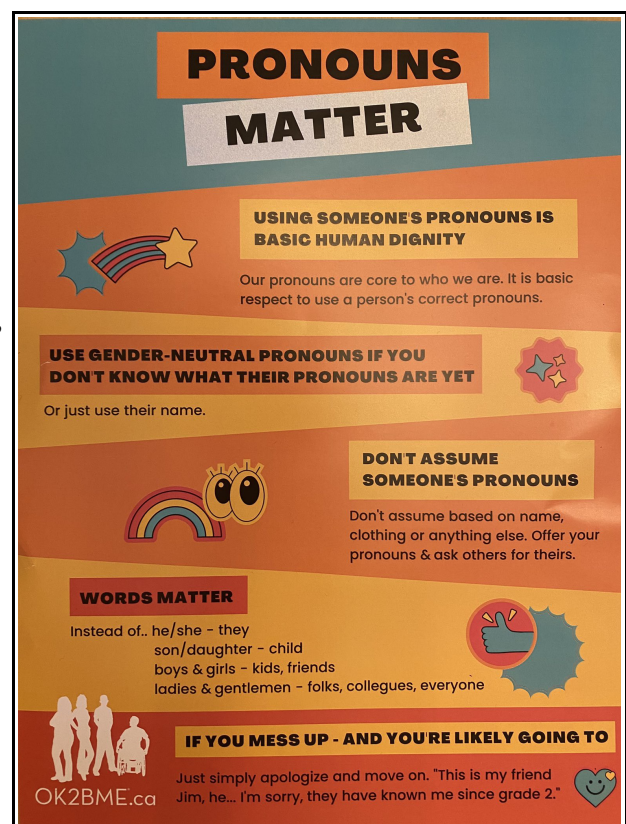


Illustration 12: Posters reinforce the use of pronouns

The medical industry has been captured by affirmative-care beliefs in which trusted professionals no longer prioritize long-term patient health or question whether procedures and services are appropriate. Instead, patients are given easy access and are fast-tracked into a growing and profitable trans medical system. Affirmative care is abusive because, under the guise of health, safety, and human rights, patients and parents are manipulated into taking escalating action through emotional pressure tactics such as: “Would you rather have a dead child or a trans child?” and “Forgoing gender-affirming care can lead to disproportionate levels of violence, bullying, depression, and even suicide.”

Medical affirmative care aims to uphold a person’s identity through medical intervention. Therapy sessions help the victim accept the belief that they were born in the wrong body, a belief that was fostered earlier in the process, and then push the victim into exploring alternate identities through the use of gear or medical intervention. The diagnostic model for transgender health is the [Informed Consent Model](#), which allows clients who identify as transgender to access hormone treatments and surgical interventions *without* undergoing mental health evaluation or obtaining a referral from a mental health specialist.

R1.3.2 Messaging and Language Enforcement

Common messaging throughout educational materials and institutional communications includes statements such as “Pronouns are core to who we are,” framing disagreement as harmful or discriminatory, and replacing sex-based language with gender-neutral terminology. Within this framework, students and staff are encouraged to adopt identity-affirming language and practices, while opposing viewpoints are increasingly portrayed as incompatible with inclusion and safety. This approach is reinforced through anti-bullying policies, anonymous reporting tools, staff-led clubs presented as student-led initiatives, and public statements that characterize criticism as misinformation, discrimination, or hate, thereby encouraging cooperation with the prevailing ideological framework while discouraging dissent.

On the surface, the board presents an image of trust, transparency, accountability, academic concern, willingness to engage with the community, and a commitment to supporting students for future success, both academically and emotionally. That was my original impression of the board. If the board controlled the narrative entirely, one would believe life could not be better for students and teachers at WRDSB. I began paying attention to the information the board was broadcasting to the public on social media and how it handled matters behind the scenes. I noticed a pattern: when controversial topics involving sexual orientation were posted, the comment sections were often closed, limited, hidden, or filtered.



Illustration 13: Self-congratulatory then-director notes the WRDSB has a wide reach audience following

On January 16 2023, I attended a WRDSB meeting to make my concerns known in the hope that the board would provide direction or answers. I had never addressed the board before and was under the impression that it would conduct itself professionally and respectfully. My initial [delegation](#) consisted of three sections: the silencing of concerns raised by teachers, parents, and the public; the surveys and the solicitation of my daughters to disclose their sexual orientation; and the books made available by the school for minors to access.

WRDSB states, “We are committed to a culture of transparency and accountability.” I wanted to test that statement by questioning the direction of the school board. I had already observed social media posts and videos with closed, censored, limited, hidden, filtered, or removed comments. WRDSB even warned a delegating parent that they were not allowed to quote a trustee because it was said to be “bringing attention to a personality.” In other words, trustees could not be called out by name or quoted in their own words.

Following the January 16 2023 delegation at the Waterloo School Board, I received an email containing an [open letter addressing my concerns publicly](#). This letter was clearly designed as a public attack on my concerns, as WRDSB attempted to make an example out of me. Instead, the board exposed its own incompetence and desperation to silence parental concerns while revealing its conduct.

1. The letter was anonymous, but it was later revealed to have been written by then-director Jeewan Chanicka and his staff.
2. Jeewan Chanicka publicly boasted on Linked-In:

“Education research is clear – students cannot achieve if they do not feel safe. It was viewed more than half a million times within 3 days, with overwhelming messages of support from the local community and beyond. Internet trolls tried to paint it as part of my personal agenda, the leadership team responded. Watch what happens when I am asked ‘who wrote the letter?’ [during a meeting]”

However, he remained seated while it was revealed that all of his staff were involved, but trustees were not consulted.

3. In order to release a public statement, the board is expected to ratify that decision. However, the letter was initially released without board approval.

The letter also stated:

“Ontario school boards are mandated to collect identity-based student information under Ontario’s Anti-Racism Act. WRDSB’s process has been developed in accordance with the guidance and legislation provided by the Ministry of Education, the Ministry of Education’s Education Equity Secretariat, the Anti-Racism Directorate, the Ontario Human Rights Commission, and the Municipal Freedom of Information and Protection of Privacy Act. The answers we receive give us a deeper understanding of the cultural, social and demographic makeup of WRDSB students, ultimately allowing us to ensure our system serves their needs as they learn, develop and grow to their fullest potential. Knowing this information allows us to ensure we are better serving all students including those who identify as 2SLGBTQIA+. It is our hope that we all collectively support an education system that is meeting the needs of ALL students.

Many of these arguments are veiled attempts to target 2SLGBTQIA+ children and families. They align with wider attempts over the past year that target public education and the need to address achievement and well-being gaps that exist among Indigenous, Black, racialized students, those with Special Education identifications and those coming out of poverty. Our belief is that any child in the WRDSB belongs here. We believe in the Human Rights of all students, staff and families that we serve.

Hate, racism and xenophobia are not ‘opinions’ that should be gathered through consultation. The hallmark of a democratic public education system should be that we serve all students well, especially those with the least power.

2SLGBTQIA+ students and families deserve to be supported, feel safe, included and respected in their learning environments. This is a part of our commitment to creating a system where everyone belongs and is treated with respect.

It is our hope that this helps to clarify any misconceptions, misunderstandings or misinformation about the work the WRDSB does to best support the students, parents, caregivers, families and community members we serve.”

School boards are empowered by government legislation to proceed with the application of gender ideology under the premise that anyone who does not participate is potentially hateful and in violation of human rights. Government mandates schools to hold sexual identity conversations and collect data under the protection of law and human rights frameworks. These conversations do not require parental knowledge or curriculum approval when they are framed as human rights matters.

School boards also claim to adopt a “child-led” initiative, where the child is said to lead because the child supposedly knows what is best. This includes the ability to self-identify. This concept is absurd. Children are at school to learn, not to lead their own moral, psychological, or sexual development. The board hides behind students to avoid criticism. So-called student-led clubs such as Gay-Straight Alliances or pride activities are sold as independent endeavours, when in reality educators are guiding students toward celebrations of sexuality and predetermined “diverse, inclusive, and equitable” conclusions. If anyone criticizes these activities, the board retains the upper hand by branding disagreement as hateful or phobic.

Anyone with an opposing opinion is labelled hateful, phobic, and harmful to the community. The board is willing to issue public statements and use its social and media influence to crush anyone who challenges it. The hallmark of democracy is not this kind of behaviour, but cooperation with parents to ensure children receive the best education possible.



Illustration 14: WRDSB Instagram post announces anonymous reporting

My delegation made no mention of LGBTQ issues as my concern focused on themes of pedophilia and rape found in children's books. What does LGBTQ have to do with pedophilia? My delegation also made no mention of disability or race. Yet WRDSB paints all concerns with the same brush in order to dismiss them. When questioned about unacceptable conduct, WRDSB and its leadership default to identity-based victim narratives, especially those involving sex and race, because those themes currently carry political power.

Alongside the policies and procedures that undermine parents, the clubs, school staff, administrators enforcing sexual identity affirmation, and the dismissal of public criticism, the school board also implemented an anonymous bullying-reporting tool that includes verbal and online or social media "hateful" remarks directed toward gender and sexuality. In practice, this captures disagreement and opposition as forms of misconduct.

R1.3.3 Institutional Support

R1.3.3.1 Ontario Human Rights Commission

The Ontario Human Rights Commission (OHRC) is a strong voice for trans activism and an example of how far institutional bias has progressed. A statement released on August 22, 2019 titled "[*2019 Health and Physical Education Curriculum*](#)" makes its activist intentions clear in pressuring the government to comply. In their own words:

"The OHRC commends the government on reintroducing and in some cases improving the mandatory content on sexual orientation and homophobia, diverse families, sexual and gender-based harassment and consent. The mandatory content on mental health and substance use will help position Ontario as a leader.

However, delaying mandatory content on gender identity and gender expression until Grade 8 is a step backwards. Children must receive timely access to information to protect their health and well-being, break down stigma and have inclusive learning environments. Research shows that transgender children and youth are extremely marginalized, have high rates of depression and suicide, and experience isolation and harassment, including in school.

The OHRC is also concerned that the government is requiring schools boards to allow parents to exempt their child from the Human Development and Sexual Health curriculum for any reason. The curriculum is meant to provide all children in Ontario with the information they need to be healthy and safe. Allowing parents to exempt children for reasons that go beyond religious accommodation undermines this goal.

The OHRC urges school boards and teachers to address LGBTQ2+ identities as much as possible when teaching the Human Development and Sexual Health curriculum – and to embed this learning in other parts of the curriculum, and in other school programs and activities. We also recommend that school boards collect detailed data on exemptions, and use this information to assess whether the exemption policies are having discriminatory effects on certain students."

The OHRC urges school boards and teachers to address LGBTQ2+ identities as much as possible when teaching the Human Development and Sexual Health curriculum—and to embed this learning in other parts of the curriculum, as well as in other school programs and activities. The OHRC also recommends that school boards collect detailed data on exemptions and use this information to assess whether exemption policies are having discriminatory effects on certain students.

The OHRC applauds the government for introducing gender ideology in schools but argues that the measures do not go far enough. The Commission remains concerned that parents can still exempt their children from the curriculum. From the OHRC’s perspective, the government should introduce mandatory sexual education to all children in school *regardless of age*. If a parent believes the OHRC has their best interests in mind when they wish to protect their child from gender ideology, that belief would be misplaced. In practice, parents who object are framed as discriminating against their child’s right to express an alternate sexuality and, by extension, discriminating against the rights of others who wish to discuss sexuality with that child. This raises a broader question of how the OHRC protects freedoms of expression, speech, and religion.

In a similar display of institutional overreach, the case of Barry Neufeld in British Columbia demonstrates how human rights bodies can be used to suppress dissenting viewpoints. Neufeld, a longtime elected school trustee in Chilliwack with nearly three decades of service, publicly opposed the implementation of Sexual Orientation and Gender Identity (SOGI) policies in schools. He framed his position as one rooted in protecting children from what he believed to be confusing and harmful ideological frameworks. For expressing these views, Neufeld became the subject of a human rights complaint, ultimately resulting in a ruling that ordered him to pay approximately \$750,000 in damages. His statements—particularly those criticizing gender identity ideology and comparing aspects of youth transition to harm—were characterized by the tribunal as discriminatory, despite being part of a broader public and political debate on education policy.

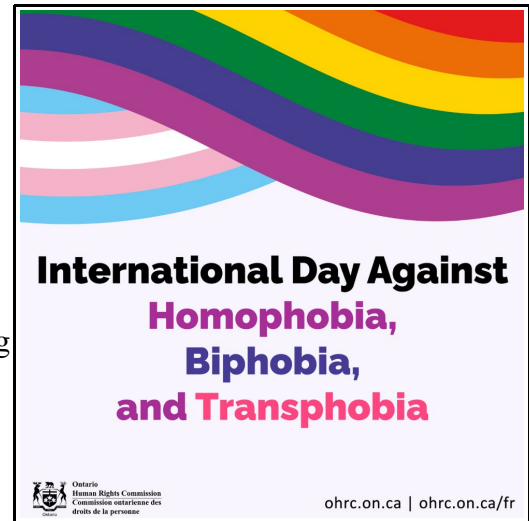


Illustration 15: OHRC social media activism posts push identity politics

In its decision, the British Columbia Human Rights Tribunal placed significant emphasis on what it described as the “denial” of transgender identity, framing such views as harmful and discriminatory in themselves. The Commission publicly welcomed the decision as a necessary step in protecting LGBTQ+ individuals from hate speech, reinforcing the position that certain viewpoints fall outside acceptable public discourse. This establishes a concerning precedent: disagreement with or questioning of gender identity ideology is not treated as a legitimate opinion, but as a violation subject to legal and financial penalties. In effect, human rights mechanisms are being used not only to address discrimination, but to define and enforce ideological boundaries—where expression that challenges prevailing narratives can be classified as harm. The [Commissioner Kasari Govender released the following statement](#):

“Publishing statements that deny trans identities and rely on stereotypes create significant harm. When a political opinion comes from a person in power such as an elected official, it may be perceived by the public as having greater weight than the views of the average person,” said Commissioner Kasari Govender. “The decision is significant for ensuring that human rights laws apply to political and public statements from our elected officials and affirming that trans people are entitled to have their identities recognized and rights respected.”

This raises direct concerns when considering the role of the Ontario Human Rights Commission. While operating in a different jurisdiction, the OHRC promotes similar positions—advocating for expanded

curriculum integration, limiting parental exemptions, and encouraging the broad normalization of gender identity frameworks within schools. The trajectory observed in British Columbia demonstrates where such institutional alignment can lead: from policy advocacy to enforcement, and from guidance to punishment. When human rights bodies move beyond protecting individuals from discrimination and begin to regulate opinion, a fundamental imbalance emerges. Echoing George Orwell’s idea—applied here to rights rather than animals—*“All rights are equal, but some rights are treated as more equal than others.”* In this environment, freedom of expression, parental authority, and open debate risk being subordinated to a protected ideological framework, raising serious questions about accountability, balance, and the true role of these institutions.

The Ontario Human Rights Commission serves as a central enforcement mechanism through which behavioural expectations are reinforced across public institutions. The Ontario Human Rights framework is heavily aligned with gender identity ideology and is frequently referenced within the policies and administrative procedures adopted by school boards. Invoking human rights language has become an effective means of dismissing opposing viewpoints, allowing institutions to position themselves as occupying the morally superior ground while portraying criticism as discriminatory or beneath legitimate consideration. Within this framework, concerns raised by parents, educators, or members of the public are often addressed not through open debate, but by appealing to human rights obligations as a means of ending further discussion.

R1.3.3.2 Elementary Teachers’ Federation of Ontario

As the OHRC continues to promote trans and gender ideology, the Elementary Teachers’ Federation of Ontario (a teachers’ union representing approximately 83,000 elementary educators) encourages teachers to incorporate sexual identity discussions across the curriculum. To be clear: the elementary teachers’ union promotes the concept of trans acceptance to minors between the ages of 4 and 13 (JK–Grade 8). This raises the question of why minors should be introduced to, and encouraged toward, social transition at school without parental consent. The target audience includes children as young as four years old. At this age, children should be able to enjoy their childhood and preserve their innocence, rather than being introduced to sexual identity concepts before they are developmentally prepared to understand them.



Illustration 16: ETFO 2026 pride parade marching for pro-trans acceptance elementary schools

In a statement released on March 30, 2022 by Elementary Teacher's Federation of Ontario (ETFO) titled [*“Info Sheet: Trans kids belong. In every grade, at every age.”*](#) the following comment was made:

“In Canada, anti-trans views are worryingly prevalent and there are signs that anti-trans ideology is worsening. Educators are well positioned to develop support for and understanding of trans realities with their students, but there is a general lack of understanding about when

and how these topics can be addressed.

The option for parents to exempt their children from the Human Development and Sexual Health portion of the Health and Physical Education Curriculum, has led to a cooling effect on 2SLGBTQ+ education in other subject areas. This is despite a clear message from the Ontario Human Rights Commission urging, “school boards and teachers to address LGBTQ2+ identities as much as possible when teaching the Human Development and Sexual Health curriculum – and to embed this learning in other parts of the curriculum, and in other school programs and activities.

*It is essential that **every educator do all that they can to support trans students**, regardless of whether they are aware of any trans-identified students in their class. “*

The ETFO also equates conservative viewpoints with anti- trans prejudice, stating in their [flyer](#):

“What we are witnessing is an alarming trend of conservatism and bigotry disguised as concern for children.”

R1.3.3.3 The Ontario Principals’ Council

Due to growing parental concerns and public backlash, former Ontario Minister of Education Stephen Lecce later announced that parents must be involved in their children’s education. At the time of writing, however, no legislation had been enacted to mandate this. In response, the Ontario Principals’ Council promptly released a statement expressing concern about the Minister’s comments and effectively pushing back against the idea of increased parental involvement.

The statement, released August 29, 2023 and titled “[Students, Gender Identity and Gender Expression](#),” stated:

“The Ontario Principals’ Council (OPC), representing more than 5,400 principals and vice-principals in Ontario’s public elementary and secondary schools, is concerned about potential policy changes that impact the wellness and safety of 2SLGBTQQIA+ students.

*Recently, provincial governments in New Brunswick and Saskatchewan made legislative changes requiring students under the age of 16 to seek parental consent to change preferred names or pronouns at school. **We are concerned** about similar developments impacting schools in Ontario.*

While we believe that the ideal situation would include parents and guardians in the conversations and decision making, we support current school board policy in Ontario that centers the students in the decision making and honours their right to self-identify, even when parental consent is not given, to support an equitable and inclusive learning environment. Students who do not have parental, family and community support that respects and validates them face higher risks of self-harm, emotional distress, isolation, deteriorating mental health and increased bullying. Gender-affirming practices such as honouring preferred names and pronouns help to reduce those risks and contribute to greater inclusion, belonging and success at school.”



Illustration 17: OPC website: Director's Blog reveals embedded identity activism culture

R1.3.3.4 Canadian Union of Public Employees

The Canadian Union of Public Employees (CUPE), while not a teachers' union, represents over 57,000 education support workers in Ontario, including educational assistants, custodians, administrative staff, and early childhood educators. Despite not representing classroom teachers directly, CUPE maintains a substantial presence within schools and exerts influence over the broader educational environment. Its role extends beyond workplace representation into political and ideological advocacy within publicly funded education.

In the lead-up to the nationwide protests on September 20, 2023 (#MillionMarchForKids), CUPE Ontario did not merely issue a statement—it actively mobilized members to oppose parent-led demonstrations. In its own words:



Illustration 18: CUPE 2026 - "Here for the Dyke Energy" posted on their social media account

"The ultra-conservative right has organized nationwide events under the pretext of protecting children, while their true aim is to protest the teaching of 2SLGBTQIA+ content in schools.

Our mission is clear: to counter these protests and demonstrate unequivocally that there is no place for hate within our society...

We are calling upon every CUPE Ontario member to take action... Mass participation in these protests is essential to our cause...

You can RSVP for the protests via this link..."

This is not passive commentary—this is organized recruitment. CUPE explicitly calls on its members to sign up, attend, and actively participate in counter-protests, using its network to coordinate turnout

and promote its message. At the same time, it characterizes concerned parents as deceptive, hateful, and misinformed, effectively dismissing their position without engagement. The framing is absolute: one side represents “care and respect,” while the other is portrayed as a threat that must be countered.

A publicly funded union embedded within the school system is not only taking a position, but actively organizing against parents and encouraging mass participation to oppose them. This reflects a shift from representation to activism—leveraging institutional influence, membership networks, and public messaging to advance a specific ideological agenda. Rather than fostering cooperation between schools and families, this approach escalates conflict, silences dissent, and reinforces a one-sided narrative within the education system.

Fred Hahn, President of CUPE Ontario, is widely recognized for his long-standing involvement in organized labour and his visible role in organizing demonstrations and advancing progressive, identity-based causes. By his own description, he is a “tireless campaigner,” regularly mobilizing rallies, coordinating strike support, and leading demonstrations across the province. His leadership extends beyond traditional labour issues into broader political and social advocacy, working with coalition groups focused on healthcare, childcare, poverty, and other social initiatives. This positions CUPE as both a labour organization and a platform for broader ideological engagement.

Hahn’s consistent presence in protests and public campaigns reflects a leadership style rooted in activism and organized collective action. However, his involvement in increasingly controversial demonstrations and political positions has drawn criticism, contributing to his decision not to seek re-election in 2026.

CUPE’s actions indicate that the promotion of gender identity ideology within schools is not incidental, but coordinated. Institutional actors—including unions, school boards, and affiliated organizations—are working in alignment to advance this framework while positioning parental involvement as opposition. In this environment, neutrality is replaced by advocacy, and parents are increasingly treated not as partners in education, but as obstacles to be managed or resisted.



Illustration 19: CUPE post on social media shows marching for trans-acceptance

It should be clear that the Ontario Human Rights Commission and education / union leaders are working closely together to advance this educational approach in schools despite growing parental concerns. Rather than opening space for broader discussion, critics and parents raising concerns are often labelled as hateful, anti-trans, or discriminatory. The response has frequently been to continue limiting parental involvement in classroom discussions and curriculum awareness. Policies that empower students to self-identify without parental involvement can place students in complex situations and raise safeguarding concerns. In practice, these policies can also allow male students to access female change rooms, bathrooms, and sports teams.

R1.3.3.5 Activism Pushing Boundaries in Politics

LGBTQ trans activism has extended beyond cultural and educational institutions and into the political sphere, with increasing alignment from left-leaning parties such as the NDP. Bill 42, the *Gender Affirming Health Care Advisory Committee Act, 2022*, represents a clear example of this direction. Although the bill was voted down on March 4, 2024, it was subsequently reintroduced as [Bill 80](#), demonstrating continued political commitment to advancing the same framework. These efforts are not isolated—they directly reinforce and expand what is identified as Stage 3 of the pathway: medical intervention following school-based normalization and affirmation.

The proposed legislation explicitly targets vulnerable populations, including youth, seniors, Indigenous peoples, racialized individuals, persons with disabilities, the homeless, and sex workers. Rather than introducing additional safeguards, the bill focuses on accelerating access to gender-related medical interventions. It calls for reduced wait times, expanded public funding for procedures such as facial feminization surgery, chest contouring, and electrolysis, and the widespread adoption of the “informed consent” model. At the same time, it promotes reducing the current referral requirements, effectively lowering the current minimal threshold for accessing life-altering treatments.

This legislative direction aligns directly with school-to-medical pathways, where students—after exposure to identity-based frameworks in schools and reinforcement through external organizations—are positioned to move toward clinical pathways. The policy objective is not to question or evaluate these trajectories, but to remove barriers and expedite them. What begins in the classroom as normalization and identity affirmation is completed through policy by enabling medicalization.

Historically, researchers and clinicians have viewed the transgender experience through a narrow diagnostic lens and have neglected to acknowledge the diverse experiences of those who identify as transgender. Currently, under the mainstream treatment paradigm, in order to be deemed eligible for gender transition services, transgender clients must meet criteria for a diagnosis of “gender dysphoria” as described in the *DSM-5*. An alternative to the diagnostic model for transgender health is the *Informed Consent Model*, which allows for clients who are transgender to access hormone treatments and surgical interventions without undergoing mental health evaluation or referral from a mental health specialist. This model shows promise for the treatment and understanding of the transgender experience outside of the lens of medical pathologization.

Illustration 20: Definition of Informed Consent Model from the "The Informed Consent Model of Transgender Care: An Alternative to the Diagnosis of Gender Dysphoria" by Sarah L. Schulz

A critical contradiction emerges in the reliance on the “informed consent” model. A reminder: the diagnostic model for transgender health is the *Informed Consent Model*, which allows clients who identify as transgender to access hormone treatments and surgical interventions *without undergoing a mental health evaluation* or receiving a referral from a mental health specialist. In practice, this allows

individuals—particularly minors and those in vulnerable categories—to access hormone treatments and surgical interventions without comprehensive mental health oversight. The result is a system that accelerates irreversible decisions while reducing the mechanisms designed to ensure those decisions are fully informed and medically appropriate.

NDP MPP Kristyn Wong-Tam, who introduced Bill 42 and Bill 80, is also advocating for strict penalties to safeguard drag performer-led children’s story hour events, and [stated publicly](#):

“Firstly, it enables the attorney general to create a 2SLGBTQI+ community safety zone to prohibit within a hundred meters of the property any homophobic / transphobic act of intimidation, threat, offensive threats, offensive remarks, protest disturbance and distribution of hate propaganda within the meaning of the criminal code. It also comes with it a penalty of \$25,000 if prosecuted successfully.”

Statements and advocacy surrounding this legislation further reinforce the direction of medical interventions by discouraging opposition. Proposals to establish “safety zones” and impose financial penalties for dissent within defined areas signal an effort not only to expand access, but to suppress resistance. This creates an environment where medical pathways are promoted, expedited, and shielded from scrutiny.



Illustration 21: NDP MPP Kristyn Wong-Tam alongside Ontario NDP leader Marit Stiles announcing intent to create safety zones for drag queen storytelling and proposes legal fees

The Ontario Progressive Conservative Party has held power since 2018 and is responsible for setting the Ministry of Education standards that school boards are required to follow. At the same time, the party has continued to actively participate in Pride parades, presenting this involvement as a demonstration of its commitment to LGBTQ+ inclusion and related initiatives. In the summer of 2023, then-Education Minister Stephen Lecce stated in the Ontario Legislature that the government is committed to ensuring students, “particularly LGBTQ+,” feel seen, valued, affirmed, and safe. He further affirmed that the government, the premier, and the party would continue to participate in Pride events and encourage school boards to do the same, positioning Pride as something the government actively supports both symbolically and in practice. In his [public statements](#) he says:

“Our message to children in our schools, particularly LGBTQ+, is that we see them, we value them, and we are proud as a government to stand with them now more than ever. We have been consistent on this issue that pride is something we can rally behind as a parliament. That every child in a publicly funded school should be supported, feel affirmed and should feel safe. I do agree, and that's been our position in the province since the issue arose.

We know that those kids face disproportionate impacts and challenges in schools, which is why the government, the premier and our entire party will continue to be at Pride (parade), physically, actively celebrating with the LGBTQ community . We'll continue to stand with those kids, we'll continue to encourage school boards to do their part, to make sure every child in Ontario feels safe, affirmed and respected."

This participation is not limited to a single party or level of government. Ontario and federal political leaders regularly march in the main Toronto Pride parade, including current and former Prime Ministers such as Justin Trudeau, Ontario premiers such as Kathleen Wynne and Doug Ford's government representatives, and Toronto mayors including John Tory and Olivia Chow. Members of Parliament (MPs), Members of Provincial Parliament (MPPs), cabinet ministers, and municipal councillors also routinely take part in the central parade itself, not just affiliated events. This level of political presence signals broad institutional endorsement across party lines.



Illustration 22: Ontario party leader Doug Ford, and Education Ministers participate in Toronto Pride parade and affirm pride progress ideology in the education system

This is the same large downtown Toronto Pride parade where instances of nudity or near-nudity have been publicly documented. Media reports, public commentary, and school board discussions have acknowledged that while such displays may represent a minority of participants, they do occur along the main parade route on public streets. Observers have noted that fully nude or partially nude individuals have appeared at the event, and that enforcement of public decency standards has been inconsistent or permissive during Pride celebrations. School trustees and community members have raised concerns about students and families being exposed to this content at an event that political leaders, government institutions, and publicly funded systems actively support and participate in.

The significance of this political involvement extends beyond public appearances or symbolic endorsement. The Ontario government holds substantial authority over the direction of publicly funded education through the Ministry of Education, which establishes provincial curriculum, policies, standards, funding structures, expectations, and accountability requirements for school boards. The financial scale alone illustrates the power attached to this responsibility: for the 2026–2027 school year, the Waterloo Region District School Board approved nearly \$1 billion in annual expenditures, while provincial funding represents the dominant source of operating revenue for Ontario school boards. When a government possessing this degree of financial and regulatory authority simultaneously endorses particular social initiatives, encourages school boards to participate in them, and publicly

describes its commitment to students being “affirmed,” those positions carry considerably more institutional weight than ordinary political expression. School boards ultimately operate within a system whose rules, resources, and expectations are substantially determined by the province. The direction documented throughout this section must therefore be examined not only at the level of individual schools or boards, but also in relation to the political leadership that possesses the authority, funding power, and oversight mechanisms capable of shaping—or changing—the direction of Ontario’s education system.

R1.3.3.6 The Role of the Police

Public nudity in Canada remains prohibited under the Criminal Code, and in ordinary circumstances would result in charges if it occurred on a public street. However, in the specific context of the Toronto Pride parade, this law is not applied in the same way. Courts and prosecutors have treated the Pride parade as a unique setting, recognizing that nudity within the event occurs in an environment where it is anticipated and framed as expressive conduct. This interpretation has been reinforced by past legal decisions, including dropped charges related to public nudity at Pride, as well as broader legal reasoning that considers such displays a form of expression protected under the Charter in certain contexts.

In practice, policing reflects this interpretation. Toronto police have consistently taken a permissive approach during Pride, focusing on crowd safety rather than enforcing public nudity provisions. Reports and public statements indicate that officers often “turn a blind eye” to nudity during the parade, and in recent years no charges have been laid in relation to such behavior. This approach is supported at an institutional level as well. When concerns were raised—such as a 2014 motion by a Toronto District School Board trustee calling for enforcement of public nudity laws—the motion was rejected, and support for Pride was reaffirmed instead. While proponents argue that such displays are limited to a small minority and form part of Pride’s historical and expressive roots, critics point to a clear double standard: laws that apply elsewhere are deliberately not enforced in this setting, even as the event is promoted as inclusive and family-friendly.

When it comes to policing, multiple attempts were personally made to file reports with the Waterloo Regional Police regarding conduct within schools. These were not casual inquiries, but deliberate efforts to test whether concerns of this nature would be taken seriously and properly documented. Each attempt was dismissed. The concerns raised included the allowance of biological males in female-only spaces, the presence of sexually explicit books and content, the facilitation of secretive identity changes (which could impact a student’s ability to be accurately identified in cases of abuse), and the solicitation of minors on matters of sexuality through surveys. Despite the seriousness of these issues, police declined to provide information, **refused to formally document the complaints**, and did not issue any reference numbers.

This raises significant concerns about the integrity of the reporting process itself. When repeated, direct attempts to file complaints are refused, it calls into question whether such incidents are being tracked at all. Public statements suggesting a reduction in crime become difficult to reconcile in a system where complaints are not formally recorded. This points either to a breakdown in public trust—where individuals no longer believe reporting will lead to action—or to a failure within the system to properly document and account for reported concerns. Further attempts to obtain definitions of grooming or sexual abuse were also unsuccessful, as police provided no guidance. Instead, responsibility was redirected back to the same institutions involved, with instructions to contact school boards, the Ombudsman, the Ministry of Education, or local political representatives.



Illustration 23: WRPS' social media posts show pride cruiser and pride / trans flag raising

At the same time, there is visible evidence of police organizations publicly aligning themselves with Pride-related initiatives. This includes the use of Pride flags and pins on uniforms, Pride-themed decals on police vehicles, displays of Pride flags at stations, distribution of LGBTQ-affirming materials, and public messaging expressing support for these initiatives. This raises questions about whether the institution is maintaining neutrality or adopting an ideological position. When combined with the refusal to document complaints, it creates concern that enforcement and investigative priorities may be influenced by perceived alignment with certain groups. This becomes increasingly significant in light of proposed expansions to “hate speech” frameworks, which could position police to play a more active role in regulating speech and enforcing protections tied to these same ideological categories. If a public safety organization refuses to acknowledge and classify basic biological realities because of prevailing cultural trends, it becomes difficult to trust that it will acknowledge and classify more serious matters when they also conflict with those same cultural trends.

R1.3.4 Extrapolating the Trend

These legislative and political efforts demonstrate that a school-to-medical pathway is not incidental—it is structurally supported and politically reinforced. The pathway from school-based exposure to medical intervention is completed through policy that prioritizes access over caution, affirmation over assessment, and compliance over accountability. This confirms the report’s central finding: the alignment of education, healthcare, and political institutions is not accidental, but coordinated, forming a continuous pipeline that moves minors from identity formation in schools to medical intervention with reduced oversight.

Fringe activists have also attempted to normalize discussions of pedophilia in public discourse through politically correct terms such as Minor Attracted Persons (MAP) and Adult Attracted Minor (AAM). The broader LGBTQ movement has been used to increase acceptance, yet there appear to be few limits to how far that acceptance is extended when it comes to unacceptable behaviour. With mounting pressure to allow children to make sexual and medical decisions from an early age, the concept of “mature minors” has been increasingly promoted in legislation. This framework allows sexual topics to be discussed with young children, often under the justification that the conversations are educational. It also allows doctors to speak with minors about medical treatments and care without requiring parents to be present, and in some cases parents must ask their child’s permission to access the child’s medical records. This same principle is reflected in the ongoing expansion of programs such as Medical Assistance in Dying (MAID), where eligibility has been broadened and discussions have included extending access to mature minors, further demonstrating how decision-making authority is being shifted toward children in areas with serious and irreversible consequences.

As George Orwell observed, “*There are some ideas so absurd that only an intellectual could believe them.*” The framework described in the involvement of activist organizations relies heavily on institutional authority—educational leaders, policymakers, medical professionals, and advocacy groups—who position themselves as experts guiding children and families through complex identity-related issues. Yet it *does not require* specialized training or advanced credentials to recognize when policies produce real-world consequences that directly affect children and undermine parental roles. When these institutions move beyond guidance and begin inserting themselves into personal and family dynamics, authority is no longer neutral—it becomes directive. This progression sets the stage for what follows: psychological therapy, medication, and medical procedures as pathways to care, where ideological frameworks are no longer just introduced or reinforced, but acted upon.

With new "anti-hate" speech legislation being proposed, it is increasingly important to consider the consequences of expressing even basic biological truths when they conflict with prevailing ideological narratives. As governments, public institutions, and political leaders increasingly characterize disagreement as hateful, discriminatory, or phobic, the boundary between protected opinion and prohibited speech becomes increasingly blurred. Language that was once part of ordinary public debate risks being reclassified as harmful or unacceptable, creating a climate in which individuals may begin to self-censor for fear of professional, legal, or social consequences. If this trend continues, legislation may increasingly be used not only to address genuine harassment or threats, but also to discourage or punish viewpoints that challenge prevailing ideological beliefs.

R1.3.5 Broken Circle of Accountability

The response to critics, whistleblowers, dissenting staff, and concerned parents can be understood as an escalating process of bureaucratic containment in which the process itself becomes part of the punishment. It can begin quietly: correspondence goes unanswered, concerns are delayed or dismissed, substantive objections are diminished, and arguments are reframed as personal “feelings,” misunderstanding, misinformation, discrimination, or harm rather than addressed on their merits. Persistence can then trigger increasingly formal mechanisms—codes of conduct, human-rights complaints, harassment procedures, investigations, progressive discipline, or other administrative processes. WRDSB’s own policy structure, for example, identifies separate complaint and enforcement mechanisms applicable to staff, students, trustees, parents, caregivers, volunteers, community members, and visitors. At the federal level, government policy similarly speaks of challenging “harmful norms and attitudes,” conducting awareness campaigns intended to influence public understanding, and strengthening mechanisms dealing with harmful online content and hate speech. Whether or not a critic is ultimately found to have violated any rule, being required to repeatedly defend ordinary disagreement through complaints, meetings, investigations, referrals, correspondence, and potentially legal proceedings imposes costs in time, money, reputation, employment security, and emotional energy. The process is also the punishment: each additional bureaucratic layer increases the burden of continuing to object. The “bureaucratic boot” therefore does not necessarily arrive as a single act of censorship; it can operate incrementally, increasing institutional pressure until those who refuse to align conclude that speaking publicly is simply too costly.

At the same time, this system can produce a striking contradiction between claimed authority and dispersed accountability. Institutions present themselves as the expert authorities when establishing terminology, policies, professional expectations, educational practices, or acceptable boundaries of discourse, yet responsibility can become remarkably difficult to locate when those decisions are challenged. School boards can point upward to Ministry requirements; the Ministry can point back

toward local board implementation and discretion; police can direct complainants toward an ombudsman or administrative process; an ombudsman can redirect the matter toward the Ministry or another institution; and each organization can maintain that some critical part of the issue lies outside its jurisdiction. The result can become circular: every institution possesses enough authority to enforce or administer part of the system, while no institution accepts responsibility for the system as a whole. This diffusion is compounded when correspondence is ignored, substantive questions receive procedural answers, decision-makers communicate through assistants or intermediaries, records are difficult to obtain, or complainants must navigate multiple departments simply to determine who made a decision and why. The resulting lack of transparency makes meaningful accountability increasingly difficult: institutions can simultaneously claim expertise when directing the public while disclaiming authority when asked to answer for the consequences. For a parent, employee, or whistleblower attempting to challenge institutional practice, the obstacle is therefore not merely disagreement with one official—it is a circular bureaucracy in which communication, responsibility, and accountability can continually be passed elsewhere.

The deeper problem is the absence of an accountability mechanism that the public can reasonably perceive as both independent and capable of imposing meaningful consequences when institutions themselves are accused of misconduct. Complaints are frequently handled within the same administrative structures being challenged, producing what can appear to critics as an institutional version of “*we investigated ourselves and found we did nothing wrong*,” while other concerns are ignored, obfuscated, redirected, or absorbed into lengthy internal processes. At the centre of this system sits the Ontario Human Rights Commission (OHRC), which increasingly functions as the linchpin holding identity politics in place across Ontario’s institutional structures. School-board policies demonstrate how this influence travels outward: OHRC terminology, definitions, policies, and interpretations are incorporated into institutional rules governing discrimination, oppression, intersectionality, barriers, harassment, employment, student conduct, and even the treatment of parents and community members. Once these interpretations become embedded throughout public institutions, challenging the underlying ideology becomes considerably more difficult because criticism of the OHRC’s interpretation of *human rights* can readily be portrayed as opposition to *human rights themselves*. This risks placing the Commission’s policy positions beyond the degree of scrutiny ordinarily expected of institutions exercising significant public influence. Identity politics can consequently operate as a Trojan horse for institutional expansion: concepts introduced under the morally powerful banner of protecting human rights migrate from advocacy into administrative definitions, organizational policies, professional expectations, educational practices and ultimately legislation capable of carrying enforceable consequences. The concern is not an argument against fundamental human rights; it is that no institution should possess the power to define the meaning and boundaries of those rights, see its interpretations replicated throughout the organizations it oversees or influences, and then become effectively insulated from criticism because challenging its interpretation is treated as challenging human rights themselves.

R1.4 Stage 3: Psychological Therapy, Medication and Medical Procedures

R1.4.1 Pathways to Medical Care

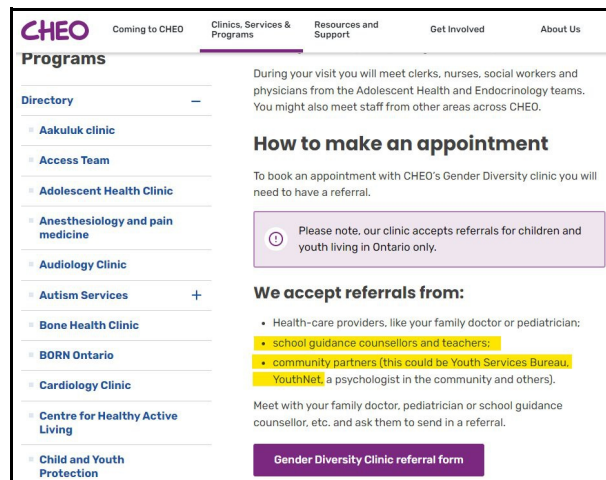


Illustration 24: CHEO Gender Diversity Clinic indicating that referrals may originate from school guidance counsellors and teachers, alongside medical providers for mental and physical treatments.

Healthcare institutions such as the Children's Hospital of Eastern Ontario (CHEO) openly state that they accept referrals from school guidance counsellors, teachers, and community partner organizations. This demonstrates that the referral pathway extends beyond traditional physician or family-initiated care and incorporates educational institutions as recognized points of entry into the healthcare system. Within the framework presented, these referral practices are viewed as evidence of an institutional pathway linking school environments with psychological assessment, gender-affirming services, and subsequent medical intervention.

The international Journal of Transgender Health's document titled: [Standards of Care for the Health of Transgender and Gender Diverse People \(V8\)](#) openly states loss of fertility in a statement with a soft recommendation (but little requirement):

*“We **recommend** health care professionals working with transgender and gender diverse adolescents requiring gender-affirming medical or surgical treatments inform them, prior to the initiation of treatment, of the reproductive effects, including the potential **loss of fertility** and available options to preserve fertility within the context of the youth's stage of pubertal development.”*

Similarly, Shelbourne Health / Rainbow Health Ontario document titled: [Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients](#) openly states a soft consent assessment may be helpful (but not required):

*“Questions may arise around capacity to consent in individuals with cognitive or developmental disabilities, and significant mental health challenges, or in younger patients. Since there is **no specific age determining when an individual is eligible to provide consent for medical interventions in Canada**, it is determined on a case-by-case basis at the discretion of the provider. If there are persistent concerns regarding a patient's capacity to consent, a referral to a psychiatrist with experience working with trans people **may** be helpful.”*

Students may be directed toward family doctors, nurse practitioners, gender clinics, endocrinologists, and gender-affirming psychological counselling as part of the pathway to medical intervention. Within the informed consent model, mental health assessments are often described as optional rather than mandatory. This pattern raises concerns about a minor's ability to fully understand and consent to decisions that may result in irreversible lifelong consequences, including permanent infertility and sterilization.

Questions may arise around capacity to consent in individuals with cognitive or developmental disabilities, and significant mental health challenges, or in younger patients. Since there is no specific age determining when an individual is eligible to provide consent for medical interventions in Canada, it is determined on a case-by-case basis and at the discretion of the provider.⁶³ If there are persistent concerns regarding a patient's capacity to consent, a referral to a psychiatrist with experience working with trans people may be helpful.

I am not a medical professional, and no one needs to be in order to recognize the seriousness of what is being described. I have done my best to summarize this section after reviewing the documents referenced below. I strongly recommend reviewing those documents directly for further information.

Illustration 25: Shelbourne Health / Rainbow Health consent statement

An activist organization frequently involved in school events, Get Real Movement, provides students with affirming gear presented as harm reduction for trans, non-binary, and gender-diverse individuals said to be at risk of mental health distress and suicide. This gear includes gaffs (compression underwear used to “tuck” male genitalia for a more feminine appearance), binders (garments used to compress the chest or breasts to create a flatter appearance), and packers (prosthetic devices, including artificial penises and stand-to-pee devices, designed to simulate male anatomy and enable urination while standing). [Additional items are also promoted, along with pricing information.](#)

Another organization heavily involved with schools is OK2BME. According to an information pamphlet titled “[Accessing Gender Affirming Care](#),” the organization provides resources for people seeking medical intervention. It has partnered with local counselling services such as KW Counselling for affirmation therapy, and with Rainbow Health Canada for medical intervention and surgeries.

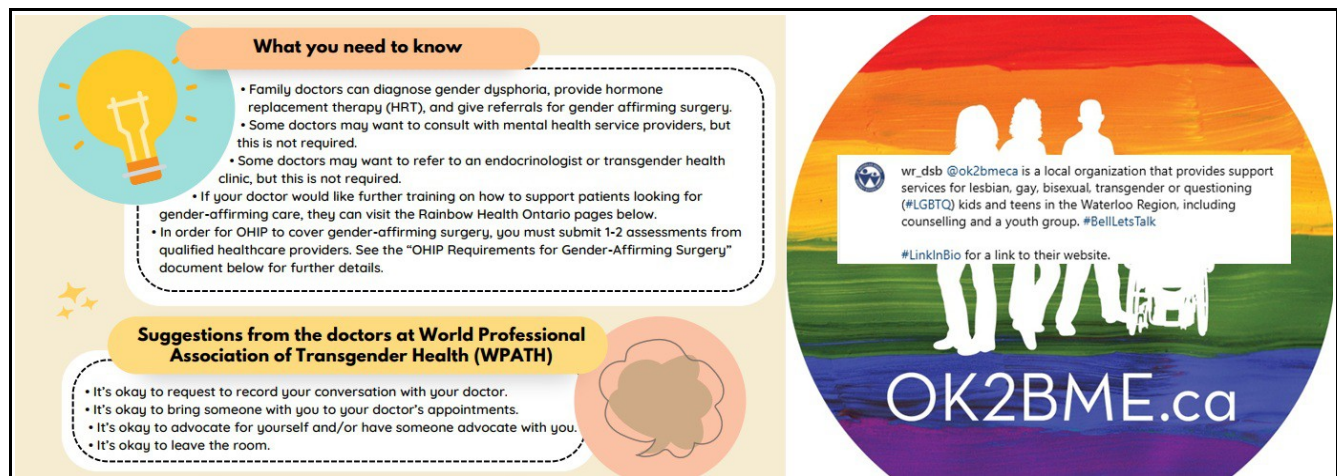


Illustration 26: Left: OK2BEME pamphlet informing students how to receive gender affirming care. Right: WRDSB posts valued partnership with OK2BME for LGBTQ kids and teens on Instagram

In its pamphlet, OK2BME states that family doctors can diagnose gender dysphoria and provide referrals for gender-affirming surgery. It further explains that while some physicians may choose to consult with mental health professionals, such consultation is not required. The pamphlet also advises patients that they may request to record conversations with their physicians, encouraging self-advocacy throughout the referral process. These recommendations are presented as evidence of a streamlined pathway to medical intervention that places less emphasis on mandatory psychological assessment before irreversible decisions are made.

Furthermore, the pamphlet provides links directing the reader to a document developed by the Trans Health Expansion Partnership (Sherbourne Health Centre, Rainbow Health Ontario, Women's College Hospital, and the Centre for Addiction and Mental Health) titled "[Transition-Related Surgery \(TRS\)](#)," which outlines the process for individuals considering transition-related surgery in Ontario. If there is any doubt about how low the threshold is for accessing these procedures, the Ontario government's own TRS document states that there is no fixed legal age for medical consent, that "mature minor" determinations are made on a case-by-case basis, and that parental consent is not always required. Within the context, these provisions are presented as evidence that minors may access irreversible medical interventions without consistent parental involvement or standardized psychological safeguards.

A qualified healthcare provider authorized to assess includes a physician, nurse practitioner, registered nurse, psychologist, or registered social worker with a master's degree. For upper surgery (chest surgery), a single supporting assessment from a qualified physician or nurse practitioner is required. For lower surgery (genital surgery), two assessments are required: one from a qualified physician or nurse practitioner, and a second from a qualified physician, nurse practitioner, psychologist, or registered social worker with a master's degree. Once the application is submitted and processed, approval can be granted and surgical preparation can begin.

Transition-Related Surgery: Frequently Asked Questions

Who is considered a qualified healthcare provider (HCP) to assess me?

A qualified health care provider can be a:

- Physician
- Nurse Practitioner
- Registered Nurse
- Psychologist
- Registered social worker with a Masters Degree

Qualifications can be received through:

- Rainbow Health Ontario WPATH or CPATH (Canadian Professional Association for Transgender Health) conference
- Working at a health care facility that practices trans primary health care in accordance with current WPATH Standards of Care.

Providers should be aware of specific WPATH requirements related to adolescents with gender dysphoria.

Qualification is a self-assessment of competence and training is strongly encouraged; the Ministry may request documentation of qualification.

What supporting assessment is needed for surgery and who completes it?

The number of supporting assessments (1 or 2) for surgery is based on the type of surgery requested.

The supporting assessment(s) is part of an overall Prior Approval Form required by the Ministry.

Applications for out-of-country surgeries must have a supporting assessment from an Ontario Physician.

Upper Surgery (Specifically chest)
Needs 1 supporting assessment, that has to be from a **qualified** Physician or Nurse Practitioner

Lower Surgery (Genital Surgery)
Needs 2 supporting assessments:

- 1 assessment from a **qualified** Physician or Nurse Practitioner

AND

- A 2nd assessment from a **qualified** Physician, Nurse Practitioner, Psychologist or Registered Social Worker with a Masters Degree

Illustration 27: FAQ pamphlet about TRS (Trans Related Surgery) including access, surgeon and procedure referral information

Lower surgery is described as:

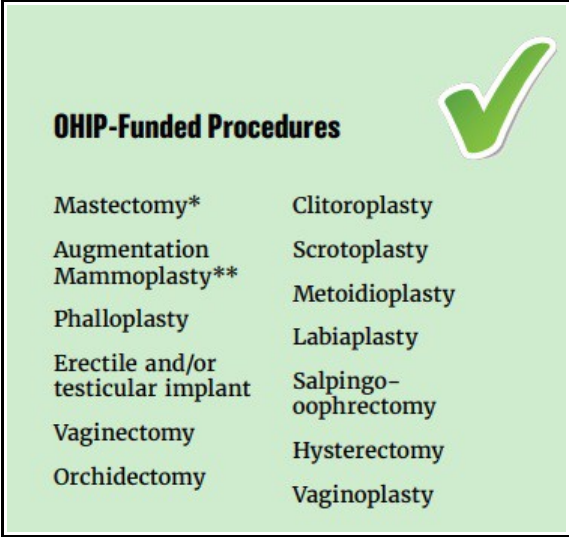
“a variety of genital modification procedures. May involve removal of gonads or genital reconstruction procedures. Typically, vaginoplasty is requested by trans women and metoidioplasty or phalloplasty requested by trans men.”

Upper surgery is described as:

“for people designated female at birth, upper surgery usually involves double mastectomy and the construction of a masculinized chest.”

The referenced documents outline hormone therapies with recommended dosages, describe the eligibility requirements for transition-related surgeries, and include standardized forms and templates intended to facilitate the approval process. According to these documents, chest surgery generally requires only a single professional assessment, while genital surgery requires two supporting assessments. The overall process is presented as providing a structured and accessible pathway to medical intervention, with comparatively few assessment requirements before patients may proceed toward irreversible treatment.

The Ontario Health Insurance Plan (OHIP) publicly funds a broad range of transition-related procedures, including mastectomy, augmentation mammoplasty, phalloplasty, erectile and/or testicular implants, vaginectomy, orchidectomy, clitoroplasty, scrotoplasty, metoidioplasty, labiaplasty, salpingo-oophorectomy, hysterectomy, and vaginoplasty. These procedures involve the permanent removal, reconstruction, or creation of reproductive organs and secondary sexual characteristics, often resulting in irreversible changes to anatomy, fertility, and sexual function. Many also require lifelong hormone therapy, ongoing medical monitoring, or additional surgical revisions. The availability of public funding for these procedures illustrates the extent to which gender-related medical interventions have become integrated into Ontario's publicly funded healthcare system.



OHIP-Funded Procedures	
Mastectomy*	Clitoroplasty
Augmentation Mammoplasty**	Scrotoplasty
Phalloplasty	Metoidioplasty
Erectile and/or testicular implant	Labiaplasty
Vaginectomy	Salpingo-oophorectomy
Orchidectomy	Hysterectomy
	Vaginoplasty

Illustration 28: FAQ pamphlet about TRS clarifies OHIP funding

I have also mentioned that Rainbow Health Ontario (RHO) is partnered with and referenced by OK2BME. RHO states that it creates opportunities for the healthcare system to better serve 2SLGBTQ communities. It has issued a manual titled “[Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients](#),” which details medical intervention, drug doses, side effects, costs, and more. According to that manual, the following details are worth highlighting:

In order to achieve feminization, a patient undergoes feminizing hormone therapy. Two of the main drugs prescribed are cyproterone, a synthetic steroid with progestin-like activity, and spironolactone, which has anti-androgenic effects and suppresses testosterone. These drugs can produce the following effects: irreversible breast growth, possibly irreversible reduced erectile function, decreased fertility, reduced prostate and testicular volume, and slowed growth of facial and body hair.

Some side effects of spironolactone include hyperkalemia, rashes, hypotension, dizziness, gastrointestinal complications, renal impairment, and more. Some side effects of cyproterone include liver enzyme elevation, depression, hepatotoxicity, prolactinoma, and more. The risks of feminizing hormone therapy include osteoporosis and bone mineral density loss, hyperprolactinemia or prolactinoma (including nipple discharge, erectile dysfunction, and pituitary tumors), breast cancer, prostate cancer, liver and gallbladder complications such as liver enzyme elevation, loss of sexual function, fatigue, loss of libido, and a dramatically increased risk of HIV, especially for those involved in sex work.

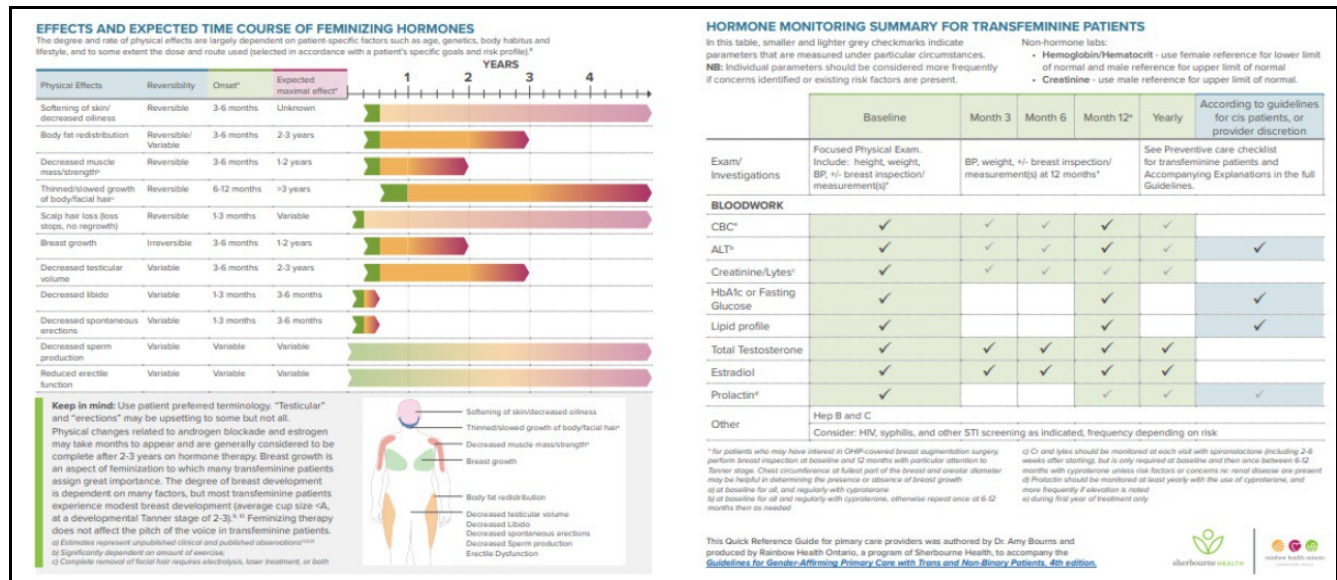


Illustration 29: Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients details medical intervention, drug doses, side effects, costs, and more.

R1.4.2 Ethical Responsibility, Accountability and Public Trust in Education

The issues outlined in this document must be considered within the broader ethical responsibilities inherent to the education system. Educators and education authorities operate in positions of trust, where their decisions directly impact the rights, well-being, and long-term outcomes of children. Ethical decision-making is therefore critical to ensuring that actions taken within schools are lawful, fair, and consistent with professional standards, particularly in complex or sensitive situations. Where policies and practices intersect with matters of identity, mental health, and potential medical pathways, the need for ethical clarity becomes even more pronounced. Decisions made within educational settings can influence not only a child's immediate experience but also their developmental trajectory, making the integrity of those decisions a matter of significant consequence.

Accountability is a foundational requirement within public education. As a publicly funded system, education carries an obligation to act transparently, provide clear justification for its policies and practices, and accept responsibility where concerns are raised. Accountability supports trust, encourages continuous improvement, and reinforces the expectation that institutions act in the best interests of the students and families they serve. Within the context of the evidence reviewed—where concerns have been raised regarding pathways that may lead minors toward medical intervention—accountability requires more than policy citation; it requires meaningful engagement, including investigation, clarification, and open communication.

Central to this responsibility is the role of parents. Parents hold primary responsibility for the care, development, and well-being of their children, and the education system functions most effectively when it operates in partnership with families rather than in isolation. Respecting parental involvement, maintaining open communication, and ensuring that parents are informed participants in matters affecting their children are essential to building and sustaining trust. When parents are included and respected, cooperation improves and outcomes for children are strengthened.

In contrast, actions that restrict parental involvement can undermine this trust, even where such measures are standard practice among Ontario school boards. Measures such as restricting public delegations, limiting attendance at board meetings, pre-approving community input, reducing opportunities for public comment, and curtailing open dialogue can create the perception that concerns are being managed rather than meaningfully addressed. Similarly, practices that limit transparency—whether through restricted communication channels, reduced public feedback mechanisms, or policies that allow certain information to be withheld from parents—can erode confidence in institutional integrity. This concern is heightened in situations where *schools acknowledge that children may be at elevated risk of mental health challenges*, including depression or suicidal ideation, yet *parental involvement is not consistently prioritized* as part of the support framework.

The concept of community-based education further underscores the importance of trust and responsiveness. Effective education systems do not operate in isolation from the communities they serve, but build relationships through transparency, accessibility, and collaboration. This includes engaging with parental concerns in good faith, addressing questions directly, and ensuring that policies reflect the needs and values of diverse communities. In regions such as Waterloo, where populations are varied in background, belief, and experience, maintaining this connection is essential to preserving confidence in public institutions.

Sustained public confidence depends on a strong foundation of trust between education systems and the families they serve. This trust is built through open communication, transparency, and respectful engagement. When trust is weakened, individuals may be less willing to raise concerns or participate meaningfully. Maintaining this confidence requires institutions to act with fairness, communicate clearly, and demonstrate accountability through both their decisions and their conduct.

In the context of the framework described—where educational environments intersect with identity development, psychological support systems, and potential medical pathways—ethical responsibility, accountability, and parental involvement are not abstract principles, but essential safeguards. Upholding these principles ensures that decisions affecting children are subject to appropriate scrutiny, that risks are carefully considered, and that public institutions remain accountable to the communities they serve.

As stated by Chris Elston, commonly known as Billboard Chris:

“There are zero genders, two sexes, and infinite personalities. No child is born into the wrong body.”

This perspective emphasizes the importance of supporting children as individuals, without directing them toward identity frameworks that may carry long-term consequences.

Report No 1. Conclusion

The evidence presented points to a broader institutional pathway rather than a series of isolated educational practices. It begins with the early normalization and repeated affirmation of sexual identity and gender ideology within schools, accompanied by the collection of sensitive information concerning students' identities, families, emotional well-being, and perceived vulnerabilities. This environment is reinforced through publicly funded programs, awareness campaigns, community organizations, educational resources, and institutional policies that provide affirmation and guidance while progressively embedding these ideas within the lives of children. From there, students may be connected with outside organizations, counselling, and gender-affirming healthcare, including interventions that can progress from psychological support and social transition to medication and, in some circumstances, irreversible medical procedures. At the same time, policies permitting confidentiality around a student's gender identity can restrict parental knowledge and involvement precisely when consequential decisions are being contemplated.

The federal funding examined earlier demonstrates that these developments do not exist solely within individual classrooms or local school boards. Substantial public resources have been deliberately committed to strengthening organizational capacity, influencing public attitudes, supporting advocacy, and embedding 2SLGBTQI+ priorities throughout government and society. Yet as institutional involvement, authority, and financial investment have expanded, serious questions concerning transparency, parental authority, safeguarding, and accountability remain unresolved. The central concern is not simply that schools discuss sexuality or gender, but whether child-safeguarding standards that would ordinarily demand heightened caution around vulnerable minors, secrecy, sexual matters, third-party influence, and potentially life-altering interventions are being applied consistently when these issues are presented under the language of inclusion and affirmation. Institutions entrusted with children possess the professional expertise, resources, and authority necessary to understand the foreseeable consequences of their policies and practices; responsibility therefore cannot be separated from accountability. Parents should not be reduced to peripheral observers in matters capable of affecting their children psychologically, socially, medically, and permanently. Their exclusion from such consequential matters demands serious public scrutiny, independent oversight, and clear institutional accountability.

Report No. 2 – Ministry of Education Complicity in School-to-Medical Pathways for Minors (Case # 15720242893)

Examining the Ministry of Education's Role in Dismissing Child-Safeguarding Concerns

Executive Summary

This report examines the response of the Ontario Ministry of Education to concerns raised regarding gender identity policies implemented in publicly funded schools and the potential downstream effects of these policies on minors. The concerns arose following a review of school board policies, Ministry policy memoranda, and educational programming related to gender identity inclusion and student data collection. These policies appear to form part of a broader institutional framework in which identity-based programming, student surveys, and external organizations intersect within the school environment.

The Ontario Ministry of Education plays a central role in establishing this framework through policy instruments such as Policy/Program Memorandum (PPM) 119 and PPM 145, which direct school boards to implement equity and inclusion policies addressing gender identity and expression. These directives also require boards to collect student data related to identity and school climate, and to support student-led organizations promoting these initiatives.

Following identification of these practices at the board level, the Ministry was contacted to clarify whether such activities were consistent with provincial policy and whether safeguards existed to prevent minors from being directed toward medical transition pathways without appropriate oversight. The Ministry responded primarily by referencing its existing policy framework, while declining to address several specific questions related to funding, oversight, and the role of external organizations.

Freedom of Information disclosures indicate that internal Ministry communications focused on managing the correspondence and determining how to conclude further engagement, rather than examining the safeguarding concerns themselves. Internal discussions referenced the use of standardized responses, consideration of limiting further communication, and, in one instance, the potential use of a cease-and-desist letter.

A recorded phone conversation with Suzanne Gordon, Branch Director of Inclusive Education and Well-Being, further illustrates the Ministry's position. During the conversation, it was confirmed that the matter had been reviewed internally; however, she repeatedly stated that she was not authorized to interpret or expand upon the Ministry's written response.

These findings must be considered within Ontario's broader child protection framework, including obligations under Erin's Law and the Child, Youth and Family Services Act, which emphasize the duty to report and investigate potential harm to children. The report highlights a tension between these obligations and the Ministry's response, raising concerns about whether reported risks are being meaningfully assessed.

Together, the Ministry's policies, internal communications, and correspondence suggest that the Ministry views the practices identified as operating within its existing policy framework. However, the concerns raised regarding the broader implications of these policies—particularly in relation to children and families—remain unresolved and warrant further public scrutiny as gender ideology (affirmation and medical transition) could lead to lifelong psychological and physical ramification, including sterilization.

R2.1 Ministry Policy Direction and Responsibility

Publicly funded school boards in Ontario operate under policy direction established by the Ontario Ministry of Education. Through policy memoranda, legislative frameworks, and strategic initiatives, the Ministry directs boards on how to address equity, discrimination, and student inclusion within educational environments. Many of the practices implemented by individual school boards therefore originate from provincial policy direction rather than local discretion.

One of the central policy instruments governing these issues is [Policy/Program Memorandum 119](#), titled *Developing and Implementing Equity and Inclusive Education Policies in Ontario Schools*. This memorandum requires school boards to integrate equity and inclusion principles throughout their governance structures, policies, and educational programming.

The memorandum further that school boards must identify and remove systemic barriers affecting students and must address discrimination based on the protected grounds listed in the Ontario Human Rights Code, including gender identity and gender expression:

“School board policies must be comprehensive and must cover the prohibited grounds of discrimination set out in the Ontario Human Rights Code... including sexual orientation, gender identity, and gender expression.”

The memorandum also emphasizes that identity factors may intersect in ways that compound discrimination and that school policies must address these intersections:

“It is now recognized that such factors as race, sexual orientation, physical or mental disability, gender, and class can intersect to create additional barriers for some students.”

PPM 119 further directs boards to ensure that these equity principles are reflected in curriculum, school climate initiatives, and student engagement strategies:

*“The principles of equity and inclusive education **must permeate all aspects** of school board operations, including policies, programs, practices, and interactions.”*

In addition to PPM 119, [Policy/Program Memorandum 145](#) addresses school bullying prevention. This directive requires school boards to collect information regarding student experiences in order to assess school climate and the effectiveness of prevention strategies (data mining students with intrusive surveys).

PPM 145 states:

“To improve the school climate, members of the school community need to share information to develop an awareness of factors that have an impact on the school climate and to provide information about the effectiveness of prevention and intervention strategies.”

The directive also references the Education Act, which requires school boards to support student organizations promoting inclusive learning environments: in simple words, *behind every “student led initiative” is a staff member taking initiative*. These may include organizations promoting gender equity, anti-racism initiatives, disability awareness, and respect for diverse sexual orientations and gender identities, including organizations known as Gay–Straight Alliances.

Within the Waterloo Region District School Board, these Ministry directives are operationalized through local policies such as WRDSB Policy 1008, which supports the collection of demographic data relating to student identity categories, including gender identity. According to the board, these survey questions are used to identify disparities in student outcomes and to monitor the inclusion of gender-diverse students while supporting initiatives aimed at preventing bullying and discrimination.

This policy structure demonstrates that school boards are implementing directives that originate from the provincial Ministry of Education. When questions arise regarding the implications of these policies, the Ministry itself is therefore implicated as the body responsible for establishing the governing framework.

The Ministry of Education funds and enables child transition policies and identity-based initiatives that prioritize institutional resources based on immutable characteristics such as race and skin colour, as well as non-immutable identity categories such as gender identity.

R2.2 Ministry Communication and Internal FOI (Case # 15720242893)

After identifying what appeared to be concerning patterns within school programming and partnerships with external organizations, the Ontario Ministry of Education was contacted to seek clarification regarding the Ministry's role in overseeing these practices. Initial contact was made by email to then-Minister of Education Jill Dunlop on November 21, 2024, which included a video presentation outlining evidence of school-to-medical pathways, including medical transition referral documents and direct school-to-hospital pathways for gender-affirming procedures. On December 23, 2024, the Ministry formally acknowledged receipt and assigned Case #15720242893.

Following assignment of the case number, additional information was requested to better understand the scope of Ministry involvement, including funding, oversight, and implementation frameworks. Specific inquiries included: the yearly breakdown of funding provided to the Waterloo Region District School Board since 2017 related to diversity, equity, and inclusion initiatives; the province-wide funding allocation for similar programs; the policy frameworks and mandatory requirements guiding implementation; any LGBTQ or marginalized group-related medical or health organizations recommended or mandated by the Ministry; and any supplementary materials or educational resources used to support these initiatives.

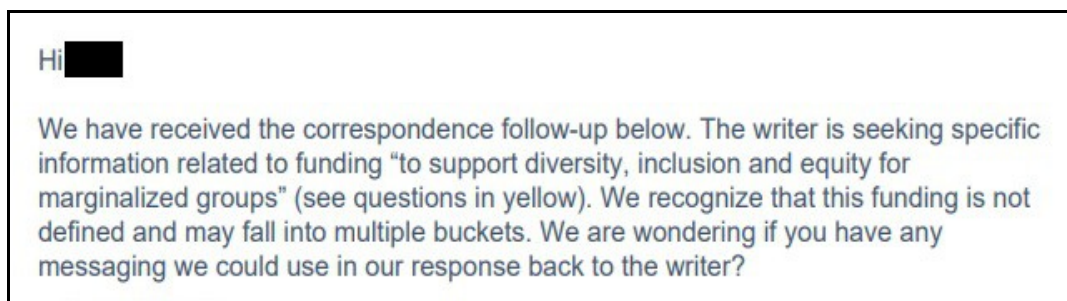


Illustration 30: Internal FOI communications reveals undefined funding for DEI marginalized groups, and may present risk for misuse or fraud

The Ministry responded on April 1, 2025, following several months of delay. The response referenced existing policy frameworks, including the Ontario Human Rights Code and Policy/Program Memorandum 119, and emphasized that school boards are responsible for implementing policies consistent with provincial direction. However, several of the specific questions raised regarding

oversight mechanisms, funding structures, and the involvement of external organizations operating within schools were not directly addressed.

Subject: ADMO AWARENESS: Response to D Todor - June 13 2025

Hi [REDACTED]

Please find attached the response to D Tudor that has gone out from the IEPEB account today. This is a heads up to ADMO only. This individual has written in about 3-4 times now. Ultimately, they want the Ministry to fact check their youtube video in which they assert that the ministry is directing students to transgender counselling etc. The ministry does not fact check third party opinions We have had legal advice on our previous responses and consulted with comms on the proposed response.

Illustration 31: Internal message indicates that the Ministry framed the complaint primarily as a request to fact-check a video rather than as a policy concern.

Subsequent follow-up communication was made seeking clarification, at which point the Ministry indicated that it was not their policy to review or fact-check video content. In response, the material was reformatted into written and visual documentation and resubmitted with a request for verification. This follow-up correspondence also raised concerns regarding the lack of identifiable Ministry contacts and questioned whether the information provided was being meaningfully reviewed. It further requested confirmation of whether the Ministry was aware of schools working in partnership with organizations facilitating access to medical services for minors, including therapy, medication, and surgical pathways.

This communication prompted a response on June 16, 2025, from Suzanne Gordon, Branch Director of Inclusive Education and Well-Being, marking the first instance in which a Ministry representative identified themselves by name. This response led directly to the recorded phone conversation outlined in the following section.

To better understand how the Ministry handled these concerns internally, [a Freedom of Information request was submitted](#) by journalist Melanie Bennet in late June to early August 2025. The records were not received until after January 12, 2026, following an approximate six-month delay. The disclosed FOI consisted of 61 pages, with substantial redactions, and an additional 46 pages withheld in full, suggesting a total record volume of approximately 107 pages.

The records obtained through these requests provide insight into how Ministry officials discussed the correspondence and prepared their responses. One internal communication circulated among Ministry staff referenced the preparation of draft responses and the use of standardized policy language:

“Sharing a draft response... Using pre-approved language regarding PPM 119, supporting diversity and inclusion of all students.”

Additional internal communications show that Ministry staff repeatedly discussed whether further responses were necessary at all. A staff member suggested closing the correspondence:

“I thought we discussed no longer responding to him? Just because he has a blog doesn’t mean we have to respond.”

“If we have no new information to provide, I think we can send him a ‘we won’t be responding any more’ letter.”

Perhaps the most concerning communication involved discussion of issuing a cease-and-desist letter. In one message circulated among senior staff, the following statement appears:

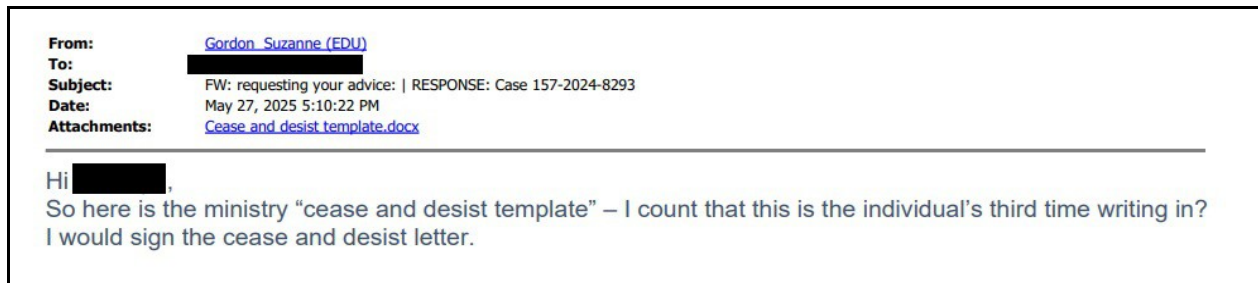


Illustration 32: Internal FOI reveals considered use of cease-and-desist letter

“So here is the ministry ‘cease and desist template’ – I count that this is the individual’s third time writing in? I would sign the cease and desist letter.”

The consideration of a cease-and-desist letter in response to a parent raising concerns about school policies is troubling. Rather than investigating the issues raised, internal communications suggest that Ministry officials were exploring ways to terminate further engagement with the complainant. The evidence presented in this exchange indicates that serious safeguarding concerns raised by parents may not have been meaningfully investigated by responsible institutions.

The FOI records also [reveal](#) that Ministry staff conducted background research on complainants, noting participation in school board discussions and public correspondence, and referring to the content as “hateful and transphobic” in internal discussions.

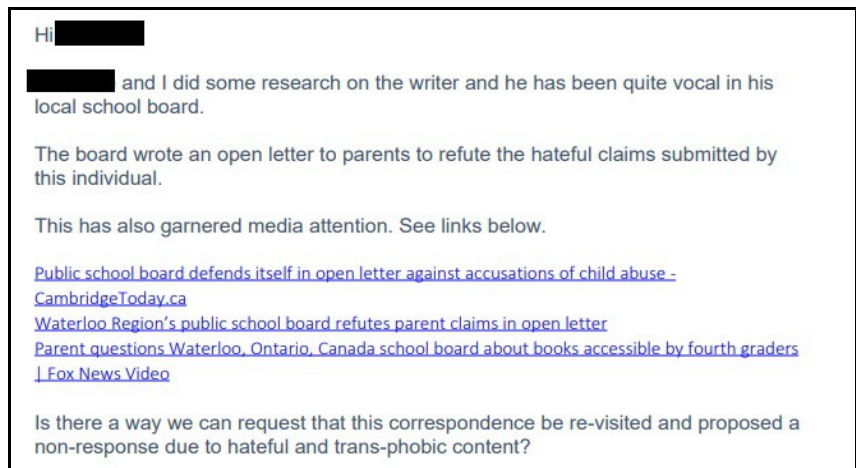


Illustration 33: Internal FOI communication proposes non-response due to “hateful and trans-phobic content”

Another internal communication shows Branch Director Suzanne Gordon discussing whether responses should be signed personally or issued under a generic branch format:

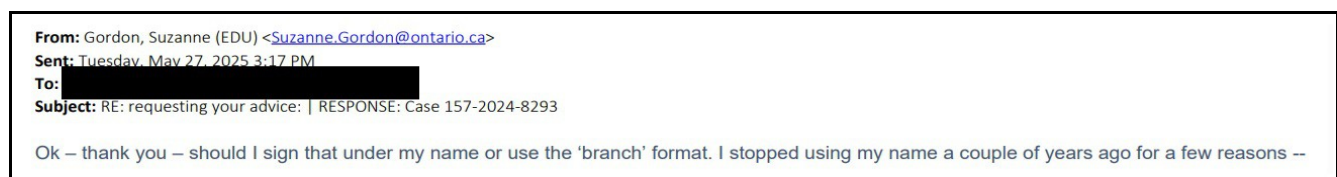


Illustration 34: Internal FOI reveals deliberate anonymity, while complainants are seeking answers

The use of *anonymous branch responses, rather than identifiable officials, limits transparency and accountability*. The records show that multiple divisions within the Ministry reviewed the correspondence, and that legal and communications staff were consulted when drafting responses. However, the FOI documents do not indicate that a substantive investigation into the underlying concerns was undertaken, and instead suggest a focus on managing and concluding the case.

It is also worth noting that funding intended to support diversity, equity, and inclusion initiatives for marginalized groups is not clearly defined, which may present potential risks in oversight and allocation.

After receiving a final letter indicating that the Ministry would not provide further responses, clarification was sought directly from the official responsible for overseeing the case.

R2.3 Recorded Conversation with Branch Director Suzanne Gordon

On June 13, 2025, following receipt of the Ministry's notice that no further responses would be provided, Branch Director of Inclusive Education and Well-Being, Suzanne Gordon, was contacted by phone. The [conversation was recorded](#) and provides additional insight into how the Ministry viewed the matter. During the conversation Gordon confirmed that the correspondence had been reviewed internally and that multiple individuals within the Ministry had examined the materials submitted. She explained that the Ministry's responses were not automatically generated and had been carefully prepared by staff across several divisions.

At the same time, Gordon repeatedly emphasized that she was not authorized to interpret or expand upon the Ministry's written response. When clarification was requested regarding how the response should be understood in relation to the concerns raised, she stated that she could not provide explanation beyond what had already been written.

Attempts were made during the conversation to determine whether the Ministry believed that the practices taking place at the school boards were consistent with its policy mandates. Gordon declined to confirm or deny that interpretation and reiterated that the written response represented the Ministry's official position.

This created a circular dynamic within the discussion. Clarification was sought regarding the meaning of the Ministry's response, while the official responsible for the response maintained that she could not interpret the document further. When asked how the response should be understood if the Ministry itself would not clarify it, Gordon reiterated that she was not authorized to validate any interpretation beyond the text already provided.

Gordon confirmed that the Ministry's response relied on existing policy frameworks such as PPM 119 and the Ontario Human Rights Code. When pressed on whether this meant that the school board's practices described were therefore considered acceptable under Ministry policy, she again declined to interpret the response.

Ultimately, Gordon stated that the Ministry had nothing further to add regarding the matter and indicated that the case was considered closed. The only issue she agreed to raise internally involved governance concerns related to restrictions on public participation at school board meetings (no further confirmation of this follow-up was received). The conversation reinforced the conclusion that the Ministry was unwilling to engage substantively with the concerns and evidence raised.

R2.4 Duty to Report Abuse, Erin's Law, and Public Trust

Ontario's legislative and policy framework places a clear and unequivocal duty on institutions—and the individuals operating within them—to recognize, report, and respond to potential child abuse. This obligation is not discretionary. It is embedded in law, reinforced through school policy, and actively promoted within classrooms through educational programming. Within this framework, [Bill 123 \(Erin's Law\)](#) represents a significant development, mandating that school boards implement age-appropriate education on sexual abuse prevention and empowering students with the knowledge to recognize and report abuse. Complementing this, the [Child, Youth and Family Services Act, 2017 \(CYFSA\)](#) establishes a legal duty for any person, including educators and professionals, to promptly report reasonable suspicions that a child may be in need of protection.

School boards, including the Waterloo Region District School Board (WRDSB), explicitly [communicate](#) this responsibility. Public-facing materials emphasize that students are to be educated on recognizing inappropriate behaviour, understanding bodily autonomy, and identifying trusted adults to whom concerns can be reported. External organizations, such as those providing Erin's Law-aligned classroom resources, further reinforce these messages by equipping students with tools to disclose abuse and seek help. The underlying principle is clear: *children must be protected, and any credible concern must be taken seriously, investigated, and addressed without delay.*

Within this context, the handling of reported concerns becomes critically important. When a parent or community member raises what they believe to be credible risks to children—particularly within a system that actively teaches students to report abuse—the expectation is that those concerns will be evaluated with the same level of seriousness required under law and policy. The duty to report is not limited to conventional or widely accepted categories of abuse; rather, it applies wherever there are reasonable grounds to suspect that a child may be at risk of harm, including psychological or developmental harm.

Failure to meaningfully assess or investigate such concerns risks undermining the very framework Erin's Law and the CYFSA are designed to uphold. When concerns are met with generalized responses, procedural closure, or deflection without substantive review, it creates a tension between what institutions teach children—to report and speak up—and how those same institutions respond when reports are made by adults on their behalf. This disconnect raises questions about consistency in safeguarding practices and whether all reports are treated equally.

Public trust is essential because school boards and the Ministry of Education rely on cooperation, information sharing, and community support to operate effectively. Without trust, individuals may hesitate to report concerns or engage with the system. Educational institutions maintain trust by acting fairly, communicating transparently, treating individuals with respect, and holding themselves accountable when concerns are raised. Consistent, professional conduct—particularly when responding to sensitive issues involving children—plays a critical role in sustaining long-term confidence in public institutions.

In this context, the responsibility extends beyond policy compliance. It includes demonstrating, through action, that safeguarding concerns are taken seriously, that reporting mechanisms function as intended, and that accountability is upheld. Where these elements are perceived to be lacking, the effectiveness of abuse prevention frameworks—and the public confidence that supports them—may be significantly diminished.

R2.5 Ministry Authority and Funding

The importance of reporting concerns is reinforced by the Canadian Centre for Child Protection, whose child sexual abuse training materials are used as an educational resource for professionals working with children. Its guidance emphasizes that reporting is essential to protecting children because it places relevant information in the hands of professionals who are responsible for assessing risk and determining what action is appropriate. Importantly, a person making a report is not expected to investigate the allegation or prove that abuse has occurred before raising a concern. The Centre further advises that individuals who are uncertain whether circumstances meet the legal threshold for reporting can contact police or child protection services for guidance before formally reporting. Where concerns also involve the conduct, policies, or response of a publicly funded education system, the Ministry of Education itself represents an appropriate authority to notify and seek accountability from, given its responsibility for overseeing Ontario's education system and establishing requirements for school boards. This complements the statutory duties discussed in relation to Erin's Law and the Child, Youth and Family Services Act: effective safeguarding depends not only on teaching children to recognize and disclose concerning behaviour, but also on ensuring that the adults and institutions receiving those concerns take them seriously and direct them to the appropriate authorities for assessment and action.

The financial relationship between the Ministry of Education and school boards further demonstrates the scale of the public system in which these responsibilities operate. Over the past five years, the WRDSB's annual budget has grown substantially: from approximately \$803 million in expenditures in 2021–2022, to \$841 million in revenues in 2022–2023, approximately \$848 million in operating expenditures in 2023–2024, and \$893 million in operating revenues in 2024–2025. For 2025–2026, its detailed budget projected approximately \$966 million in revenues and \$959 million in expenses, before the 2026–2027 budget reached approximately \$957 million in revenues and \$970 million in expenses. The 2025–2026 budget documents identify approximately \$864 million in Ministry operating grants, illustrating how heavily the board's operations depend upon provincial funding. This is not a small or peripheral public institution; it is a regional education system administering close to one billion dollars annually, largely supported through public funding and governed by provincial financial requirements.

This concentration of funding carries with it considerable institutional power and corresponding responsibility. The Ontario Ministry of Education operates on a provincial scale measured not merely in millions, but tens of billions of taxpayer dollars: Ontario's 2025–2026 plan identified approximately \$42.7 billion in total Ministry expenditures, including roughly \$34 billion directed toward school boards. Through legislation, policy, funding models, provincial standards and financial requirements, the Ministry has substantial capacity to shape the environment in which boards operate; WRDSB itself acknowledges that its annual budget must comply with Ministry funding regulations and the *Education Act*. With that degree of financial authority comes an equally significant obligation to ensure that taxpayer-funded institutions remain focused on academic achievement, child protection, accountability and public confidence. When a single school board operates with a budget approaching \$1 billion, the Ministry cannot reasonably be viewed as a distant or powerless participant. Its control over billions of dollars in public education funding gives it powerful mechanisms to establish expectations, demand accountability and enforce protective measures when necessary. Public trust therefore depends not simply on whether safeguarding policies exist on paper, but whether the Ministry uses the considerable authority entrusted to it to ensure that those protections function when parents, professionals or members of the public raise credible concerns.

R2.6 Expanding Ministry of Education's Power

Recent developments further reinforce concerns regarding accountability and oversight. As of early 2026, the Ministry of Education has placed multiple school boards under provincial supervision, including the Peel District School Board, Toronto District School Board, Ottawa-Carleton District School Board, and others, citing financial mismanagement and governance concerns. These interventions involve the appointment of Ministry supervisors to assume direct control over board operations. Public reporting has also indicated that the Ministry is considering broader structural changes to governance, including the potential reduction or removal of elected trustees.

While such measures may be presented as corrective actions, they raise important questions about accountability and accessibility. Trustees, as publicly elected officials, provide a direct and visible point of contact for parents and community members, including opportunities for public delegation and participation in board meetings. In contrast, the Ministry of Education operates with significantly less direct public engagement, and, as demonstrated, communication with Ministry staff can be limited, anonymized, and difficult to pursue beyond formal channels. Where local governance structures are reduced or replaced by centralized control, the ability for parents and community members to raise concerns, seek clarification, and advocate for change may be diminished.

This dynamic is particularly relevant in the context of the concerns outlined. The Ministry establishes the policy framework that school boards are required to implement and, in instances of intervention, assumes direct operational authority over those same systems. Given the Ministry's documented approach to correspondence—characterized by reliance on standardized responses, limited engagement with specific concerns, and the discontinuation of communication—further centralization may reduce transparency and limit avenues for public accountability. In the absence of accessible, responsive oversight mechanisms, the ability of parents and community members to meaningfully engage with decision-makers becomes increasingly constrained.

Report No. 2 Conclusion

The evidence reviewed indicates that the Ontario Ministry of Education plays the defining role in establishing the governing structure under which gender identity programming operates within publicly funded schools. Through policy directives such as PPM 119 and PPM 145, the Ministry provides guidance requiring school boards to implement policies addressing gender identity inclusion, collect data related to school climate, and support student organizations promoting these initiatives. As a result, the practices observed at the school board level are not isolated developments, but rather the direct outcome of provincial policy direction and funding structures.

When concerns regarding the implications of these policies were raised, the Ministry responded primarily by referencing its existing policy framework rather than directly addressing the specific questions presented. Internal communications obtained through Freedom of Information requests indicate that Ministry officials focused on managing the correspondence, including discussions about limiting further responses, rather than undertaking a substantive review of the concerns raised. The recorded conversation with Suzanne Gordon further demonstrates that the Ministry considered its written response to be final and declined to provide additional clarification or interpretation, despite being the authority responsible for the policies in question.

These findings must be considered within the broader legal and ethical framework governing child protection in Ontario. Under Erin's Law and the Child, Youth and Family Services Act, there exists a clear duty to take reports of potential harm to children seriously and to ensure that such concerns are

appropriately assessed. The contrast between this obligation and the response documented raises questions about the consistency with which safeguarding concerns are evaluated in practice.

Public trust is foundational to the effective functioning of both school boards and the Ministry of Education. This trust depends on transparency, accountability, and consistent application of safeguarding responsibilities. Where concerns are perceived to be dismissed without meaningful review, confidence in institutional processes may be undermined, potentially discouraging future reporting and engagement from the public. These concerns are further compounded by recent developments in governance and oversight, as outlined in the section “Expanding Ministry of Education’s Power,” where increasing centralization may have implications for transparency, accessibility, and public accountability.

Given the Ministry’s role in establishing policy direction and funding mechanisms, it is necessarily aware of—and ultimately responsible for—the policies and practices implemented within publicly funded schools. The Ministry and its senior officials cannot reasonably be characterized as uninformed, uneducated, or incapable of understanding the implications of these policies. They are experienced professionals entrusted with significant authority, institutional resources, and access to legal, educational, and policy expertise. Where concerns are repeatedly identified and policies nevertheless continue by design, the issue can no longer be dismissed simply as ignorance or misunderstanding; the decisions must be examined as deliberate, calculated, and made with awareness of their foreseeable consequences. With great responsibility comes equally great accountability. In light of that responsibility, the concerns raised warrant independent review to determine whether safeguarding obligations, reporting standards, and public accountability are being upheld in accordance with the intent of Ontario’s child protection framework.

Report No. 3 – Carolyn Burjoski: Treatment of Whistleblowers & Library Books

A Case Study in Preserving Childhood Innocence and Health in Public Education

Executive Summary

This report documents a sequence of events beginning with the January 17, 2022 Waterloo Region District School Board (WRDSB) meeting in which veteran teacher Carolyn Burjoski attempted to raise concerns regarding sexually explicit and medically misleading content available in elementary school libraries. Her [presentation](#) was interrupted and ultimately terminated by the board chair, citing potential violations of the Ontario Human Rights Code. The incident resulted in her removal from the meeting and later led to disciplinary action and litigation.

The incident became a catalyst for deeper investigation into the types of materials available within WRDSB school libraries and the broader institutional response when concerns are raised about age-appropriate content. Subsequent examination revealed examples of books containing explicit sexual descriptions, including materials that use child-friendly language to describe explicit sexual acts. These discoveries raised serious concerns about the types of material accessible to minors and the manner in which they are framed within educational settings.

Carolyn Burjoski later publicly described her experience and its aftermath in [testimony](#) and [video statements](#), outlining the professional and personal consequences she faced after attempting to raise concerns through official channels. Her testimony argues that educators and parents who question such material often face accusations and institutional push-back rather than open dialogue. This report documents the initial incident, the subsequent discovery of library materials, and the broader context provided by Burjoski's later testimony.

R3.1 Carolyn Burjoski Raises Concerns

On January 17, 2022, the Waterloo Region District School Board held a Committee of the Whole meeting that included a scheduled public delegation by veteran teacher Carolyn Burjoski. At the time, this meeting would likely have passed unnoticed by the broader public, as many school board meetings do. The significance of the event only became clear later when the board publicly acknowledged that the meeting had resulted in controversy and announced that the video would not be released.



Illustration 35: Carolyn Burjoski delegates at WRDSB on January 17, 2022

Several days later, a WRDSB social media post dated January 20, 2022 stated that the board wished to express “deep regret for any harm caused to the transgender community” following the meeting. The statement further explained that the video of the meeting would not be posted due to concerns about potential violations of the Ontario Human Rights Code and the possibility of harm to students, staff, and the broader community. Commenting on the post had been disabled, leaving observers unable to ask questions or seek clarification regarding what had occurred.

Independent reporting later circulated video excerpts of the meeting showing Carolyn Burjoski presenting concerns about the presence of sexually explicit and medically oriented content in elementary school libraries. During her presentation, she referenced specific books available in kindergarten to grade six school libraries and read excerpts in order to illustrate the issues being raised.

Rick was still thinking about the Rainbow Spectrum that evening. Sometimes Rick wondered whether he was gay because he had never had a crush on a girl. But he had never had a crush on a boy either, so how could he be gay?

Illustration 36: Library approved "Rick" discussing minors participating in the rainbow club, even though he has not yet determined his own sexuality.

One of the books discussed was [Rick by Alex Gino](#), in which a character repeatedly discusses sexual attraction. Burjoski highlighted passages where the character describes wanting to see a girl “with her clothes off” and referring to a girl being “super naked.” She explained that the book portrays a child struggling with sexual identity and ultimately declaring an asexual identity after joining a school club. Her concern was that such material could create confusion for young children who are still developing and may not yet experience sexual feelings.

Dr. Anne gave him a patient smile. “Basically, so far the hormone blockers have prevented Shane from going through female puberty. But once we add testosterone to the mix, he’ll develop as a man. His voice will deepen, he’ll get an Adam’s apple and more body and facial hair, he’ll be more muscular.” That all sounded great to me. I could hardly wait to start shaving; heck, I might even grow a mustache. “Okay,” Dad said slowly. “But if he stops taking the shots, that’s reversible too, right?” “Not entirely,” Dr. Anne said. I could tell she was choosing her words carefully. “Some of the changes will be permanent. Others could be reversed surgically, or they’ll just go away. But Shane will have skipped female puberty, which means he most likely won’t be able to have children naturally.” There was a long moment of silence. I could see Dad processing this, and I didn’t like the look on his face. “It’s cool,” I interjected. “Mom and me have already talked about it—” “Wait,” Dad said, holding up a hand. “You’re telling me she’ll never be able to have kids?” “He,” Mom growled. It drove her crazy when he used the wrong pronouns. Honestly, it drove me crazy, too, but in a different way. Kind of an all-the-air-sucked-out-of-the-room way.

Illustration 37: Library approved "The Other Boy" which explores the permanent effects of hormone treatment, family relationships, and a more casual perspective on transitioning.

A second book discussed was [The Other Boy by M.G. Hennessey](#), which describes a child undergoing medical transition. One passage describes the use of puberty blockers and testosterone and acknowledges that the child will likely “not be able to have children naturally.” The character’s response to this revelation is summarized in the book as “It’s cool.” Burjoski argued that presenting such serious medical interventions in this manner risks minimizing long-term consequences that children are not developmentally equipped to understand.

As the presentation continued, the board chair interrupted and expressed concern that the comments might violate the Ontario Human Rights Code. Shortly afterwards, the chair terminated the presentation entirely. Trustees later voted 5–4 to uphold the decision, resulting in Burjoski being removed from the meeting before she could complete her remarks. The incident became widely discussed and ultimately led to disciplinary actions against Burjoski and legal proceedings.

R3.2 Book Awareness and Library Content

Following the incident, attention turned toward the broader question of what types of material were available within WRDSB libraries. Continued observation of board communications and events revealed that some of the same books referenced during the delegation continued to be publicly promoted by school officials. For example, a social media post by WRDSB Director Jeewan Chanicka celebrating “Day of Pink” displayed the book *Rick* alongside other materials associated with LGBTQ-themed programming.

Further investigation and attendance at public events discussing education policy

provided an opportunity to review additional materials that had been made available within school libraries. Among the books encountered were works containing explicit sexual descriptions that raised serious questions about age appropriateness for elementary school students.

Biological differences between gay and straight

- Gay men and straight women have equally proportioned brain hemispheres. Gay women and straight men have slightly larger right hemispheres.
- Gay men have slightly longer and thicker winkies. **Excellent.**
- The amygdala of gay men is more responsive to porn than those of straight men. So we have bigger dicks and we're hornier. Jus' sayin'.

Illustration 38: Library approved "This Book is Gay" is framed as "educational or awareness" content available to students

He could have been an active homosexual but lacked the courage. Bestiality did not occur to him, and sodomy was quite out of the question, for he did not experience sustained erections and could not endure the thought of somebody else's. And besides, the one thing that disgusted him more than entering and caressing a woman was caressing and being caressed by a man. In any case, his cravings, although intense, never relished physical contact. He abhorred flesh or flesh. Body odor, breath odor, overwhelmed him. The sight of dried matter in the corner of the eye, decayed or missing teeth, ear wax, blackheads, moles, blisters, skin crusts—all the natural excretions and procrements the body was capable of—disquieted him. His attentions therefore gradually settled on those humans whose bodies were least offensive—children. And since he was too diffident to confront homosexuality, and since little boys were insulting, scary, and stubborn, he further limited his interests to little girls. They were usually manageable and frequently seductive. His sexuality was anything but lewd; his patronage of little girls smacked of innocence and was associated in his 167 mind with cleanliness.

Illustration 39: The library approved "The Bluest Eye" containing depictions of pedophilic attraction

The tenderness welled up in him, and he sank to his knees, his eyes on the foot of his daughter. Crawling on all fours toward her, he raised his hand and caught the foot in an upward stroke. Pecola lost her balance and was about to careen to the floor. Cholly raised his other hand to her hips to save her from falling. He put his head down and nibbled at the back of her leg. His mouth trembled at the firm sweetness of the flesh. He closed his eyes, letting his fingers dig into her waist. The rigidity of her shocked body, the silence of her stunned throat, was better than Pauline's easy laughter had been. The confused mixture of his memories of Pauline and the doing of a wild and forbidden thing excited him, and a bolt of desire ran down his genitals, giving it length, and softening the lips of his anus. Surrounding all of this lust was a border of politeness. He wanted to fuck 163 her—tenderly. But the tenderness would not hold. The tightness of her vagina was more than he could bear. His soul seemed to slip down to his guts and fly out into her, and the gigantic thrust he made into her then provoked the only sound she made—a hollow suck of air in the back of her throat. Like the rapid loss of air from a circus balloon. Following the disintegration—the falling away—of sexual desire, he was conscious of her wet, soapy hands on his wrists, the fingers clenching, but whether her grip was from a hopeless but stubborn struggle to be free, or from some other emotion, he could not tell. Removing himself from her was so painful to him he cut it short and snatched his genitals out of the dry harbor of her vagina. She appeared to have fainted. Cholly stood up and could see only

Illustration 40: Library approved "The Bluest Eye" detailing pedophilic rape.

One such book available in school libraries was [*The Bluest Eye*](#). A passage describes an adult character explaining that his interests had narrowed to young girls and refers to touching their bodies in explicit terms. The book includes statements describing pedophilic acts of rape from the abuser's perspective. Such passages illustrate graphic sexual content involving minors and raise significant concerns when such material is made accessible within school environments.

Another example encountered was the book [*This Book Is Gay*](#), which presents sexual “education” content in language that appears intentionally child-friendly while describing explicit adult sexual acts. For example, the book introduces sexual practices using casual or playful terminology such as “handies,” “blowies,” and “bumming.” One passage explains that “the timeless classic, the hand job” involves learning how to stimulate a partner manually. Another describes oral sex as “popping another dude’s peen in your mouth.” Yet another passage describes anal sex by explaining that “many men like sticking their willies inside things.”

Additional sections discuss online sexual encounters and advise readers about meeting sexual partners, including warnings that exchanging explicit photos under the age of eighteen constitutes child pornography, but it's better to meet in the flesh. These passages illustrate how the book combines child-like wording with explicit sexual descriptions and advice regarding sexual encounters. The use of playful, simplified language to describe explicit acts creates the impression of presenting adult sexual material in a format designed to appear approachable or harmless to younger readers by incorporating “cute” terms. The combination of casual terminology and graphic descriptions raises serious questions regarding developmental suitability when such [books are made accessible to minors](#) in educational settings.

1. Handies: Perhaps the most important skill you will master as a gay or bi man is the timeless classic, the hand job. The good news is, you can practice on yourself. The bad news is, each guy has become very used to his own way of getting himself off. Learning how to find a partner's personal style can take ages, but it can be very rewarding when you do.

Something they don't teach you in school is that, in order to be able to cum at all, you or your partner may need to finish off with a handie. A lot of people find it hard to cum through other types of sex. This is fine, and certainly not something you have to apologize for.

A GOOD HANDIE is all about the wrist action. Rub the head of his cock back and forth with your hand. Try different speeds and pressures until he responds positively.

A BAD HANDIE is grasping a penis and shaking it like a ketchup bottle.

Finally, my misunderstanding about rubbing two peens together wasn't far off the mark—rubbing them together in one hand feels awesome—MEGA COMBOHANDIE (trademark pending).

Illustration 41: School library approved “This Book is Gay” combines cute, approachable wording with descriptions of adult sexual topics

R3.3 Carolyn Burjoski's Testimony and Legal Aftermath

In the years following the January 2022 incident, Carolyn Burjoski publicly described the events and their consequences in testimony and video statements. As a teacher with more than two decades of experience in WRDSB classrooms, she explained that the decision to speak at the school board meeting was motivated by concerns about library materials that appeared to normalize complex medical interventions for children.

Her testimony described the immediate aftermath of the meeting. She reported being removed from her classroom, suspended from teaching duties, and subjected to disciplinary action. Public statements by school officials and others characterized her concerns as discriminatory or transphobic, resulting in significant reputation harm.

Burjoski ultimately pursued legal action against the school board, including a defamation lawsuit and related court proceedings. In subsequent video statements summarizing the outcome of these legal battles, she stated that the case resulted in court victories including an [Anti-SLAPP ruling](#). These legal proceedings formed part of a broader effort to challenge what she described as attempts to silence criticism of educational policies and materials.

In her testimony, Burjoski also argued that the events surrounding her removal from the board meeting illustrate a broader pattern in which educators and parents who question certain materials or policies are often met with accusations rather than dialogue. She expressed concern that this environment discourages open discussion about the content presented to children and the potential long-term implications of certain educational approaches.

Her statements emphasize the importance of transparency and the ability for parents, educators, and citizens to raise questions about educational materials without fear of professional or personal retaliation. The events surrounding the WRDSB meeting and the subsequent legal proceedings illustrate how a single delegation can evolve into a larger debate about educational policy, academic freedom, and parental oversight.

Report No. 3 Conclusion

The events beginning with the January 17, 2022 WRDSB meeting illustrate how concerns about library materials and educational content can escalate into broader disputes about transparency, accountability, and public dialogue within school systems. The termination of Carolyn Burjoski's delegation, the continued presence of the books she referenced within school settings, and the explicit nature of certain materials available to students have collectively raised serious questions about age appropriateness and institutional responses to criticism.

Examples drawn from library materials demonstrate that some books available within school environments contain explicit sexual descriptions presented in language that may appear approachable or child-friendly. The presence of such content in materials accessible to minors underscores the importance of ongoing scrutiny and open discussion about what children are exposed to within educational institutions.

Carolyn Burjoski's testimony and subsequent legal actions further illustrate the personal and professional consequences that can arise when educators attempt to raise concerns through official channels. Her experience has become a focal point in a larger conversation about the role of parents, teachers, and public institutions in determining what materials are appropriate for children in schools.

These events highlight the need for transparency, careful evaluation of educational materials, and an environment in which concerns about student well-being can be openly discussed without fear of censorship or retaliation.

Final Recommendations

Based on the evidence and concerns documented in this report, the following actions are recommended:

1. *Protection of Open Dialogue and Good-Faith Dissent*

Policies should be enacted to protect the ability of educators, parents, and citizens to raise concerns regarding student welfare and school practices without fear of retaliation, censorship, or reputational harm. Open dialogue should be recognized as essential to democratic governance and institutional accountability.

2. *Legislated Protection of Parental Authority*

The Province should enact clear legislation affirming that parents are the primary decision-makers in matters affecting their child's identity, psychological well-being, and development. Schools must not withhold information or facilitate identity-related changes without parental knowledge and involvement, except in narrowly defined cases where there is clear and documented risk of harm. This principle should be recognized as foundational to the education system and not subject to discretionary override by institutional policy.

3. *Mandatory Parental Notification and Consent*

School boards must implement policies requiring timely parental notification and, where appropriate, consent for any student-related changes involving name, pronouns, identity support plans, or access to facilities. These measures are necessary to ensure transparency, maintain trust between schools and families, and uphold the role of parents in guiding their child's development.

4. *Comprehensive Independent Investigation*

A province-wide, independent investigation should be conducted into school board policies, practices, and third-party partnerships related to identity-based programming. This investigation should assess alignment with child safeguarding standards, informed consent principles, and the role of external organizations in shaping school environments.

5. *Immediate Review and Removal of Inappropriate Library Materials*

An immediate, province-wide review of school library materials should be conducted using clear, transparent, and developmentally appropriate criteria. Any materials containing explicit sexual content, instruction on sexual activity, or representations of complex medical interventions presented in a simplified or misleading manner to minors should be removed from general student access and subject to strict review. Clear accountability mechanisms should be established for content selection, approval, and ongoing review. This review process should be publicly documented to ensure transparency and maintain public trust in educational institutions.

6. *Prioritization of Academic Excellence and Core Competencies*

School boards and the Ministry of Education should reaffirm a primary focus on academic excellence, emphasizing foundational skills such as literacy, numeracy, science, and critical thinking. Instructional time, resources, and curriculum priorities should be aligned with measurable educational outcomes, ensuring that students are equipped with the knowledge and competencies necessary for future academic, professional, and civic success.

A province-wide review of diversity, equity, and inclusion (DEI) initiatives and identity-based programming should be undertaken to evaluate their effectiveness and impact on educational

outcomes. Programs that do not demonstrate clear academic benefit, or that divert time and resources from core instruction, should be scaled back or discontinued in favour of approaches that prioritize measurable student achievement.

7. *Full Financial and Institutional Audit*

A transparent audit should be conducted of all funding streams, external organizations, and resource providers involved in identity-related programming within schools. This should include full disclosure of selection criteria, mandates, contractual relationships, and oversight mechanisms to ensure accountability in the use of public funds.

8. *Evidence-Based Policy Reform*

Policies and practices that rely on contested, evolving, or insufficient evidence—particularly those with potential long-term or irreversible implications for minors—should be subject to immediate review and revision. Future policy development should be grounded in transparent, high-quality evidence and subject to independent scrutiny.

9. *Accountability and Oversight Mechanisms*

Independent oversight structures should be established to ensure that school boards and the Ministry of Education respond meaningfully to parental concerns and safeguarding complaints. Clear standards for documentation, response timelines, and corrective action should be implemented, along with defined consequences for institutional failure.

10. *Education Funding Aligned with Student Choice and Outcomes*

Consideration should be given to funding models that allocate education resources based on student enrolment, allowing public funding to follow the student across approved educational settings. This approach may increase accountability, expand parental choice, and encourage higher standards across educational providers. Any such model should include clear regulatory frameworks to ensure quality, transparency, and equitable access, while preserving core educational standards.

These recommendations are presented in the interest of restoring transparency, safeguarding children, reinforcing the role of families, and ensuring that publicly funded education remains accountable to evidence-based standards and democratic oversight.

Thank you for taking the time to read this report.

Contact & Further Information

For media inquiries, interviews, or correspondence, please use the contact information below.

David Todor,

Author, Ontario Education Review

Email: contact@ontarioeducationreview.ca

Website: <https://ontarioeducationreview.ca>

Report: <https://ontarioeducationreview.ca/report>

X (Twitter): <https://x.com/FatherTodor>

Substack: <https://substack.com/@fathertodor>

YouTube (commentary and testimony): https://www.youtube.com/@beyond_rift

Child Safety Is Paramount. Academic Excellence Is Foundational.

Appendix A – Source Materials and Hyperlinked References (In Order)

#	SOURCE	DESCRIPTION	PAGE	LINK
1	CHEO	Gender Diversity Clinic	5 & 46	https://www.cheo.on.ca/en/clinics-services-programs/gender-diversity-clinic.aspx
2	Canadian Department of Justice	Definition of gender identity and expression	13	https://www.canada.ca/en/department-justice/news/2016/05/gender-identity-and-gender-expression.html
3	Prime Minister of Canada	Public statement on gender identity policy	13	https://www.pm.gc.ca/en/news/statements/2023/03/08/statement-prime-minister-international-womens-day
4	Canada.ca	Federal Government Support for 2SLGBTQI+ communities (Women and Gender Equality Canada)	14	https://www.canada.ca/en/women-gender-equality/news/2026/06/federal-government-strengthens-support-to-keep-2slgbtqi-communities-safe-this-pride-season.html
5	Canadian Centre for Child Protection	Explanation of abuse	16	https://content.c3p.ca/pdfs/C3P_ChildSexualAbuse_ItIsYourBusiness_en.pdf
6	Ontario Association of Children's Aid Societies	Explanation of abuse	16	https://www.oacas.org/2015/09/seven-facts-you-should-know-about-sexual-abuse/
7	Egale	Genderbread Man: gender explanation for students	18	https://egale.ca/wp-content/uploads/2020/02/ENG-Genderbread-Person_NEW.pdf
8	Western University - Trans Affirming Toolkit	Resource for educators	18	https://trans-affirm.edu.uwo.ca/toolkit/Trans-Affirming%20Toolkit.pdf
9	Northwest Centre Against Sexual Assault	The Early Years: language education for students	18	https://www.nwcasa.org/wp-content/uploads/2023/07/Copy-of-Loaded-Language-1.pdf
10	WRDSB Board Meeting	Director statement	20	https://www.youtube.com/watch?v=XWe6rFet4CM
11	WRDSB	AP1235 Procedure	21	https://eds.wrdsb.ca//files/2016/10/AP1235-Accommo-of-Persons-who-Identify-as-Transgender-Guide.pdf
12	HWDSB Chair	Policy vs procedure	22	https://x.com/CatherineKronas/status/1690885490516357120

#	SOURCE	DESCRIPTION	PAGE	LINK
13	WRDSB	LGBTQ support resources	28	https://www.wrdsb.ca/about-the-wrdsb/indigenous-equity-and-human-rights-department/equity-and-inclusion/supports-and-resources/2slgbtqia-support-resources/
14	Journal of Humanistic Psychology	Informed consent model	30	https://journals.sagepub.com/doi/abs/10.1177/0022167817745217?journalCode=jhpa
15	David Todor	WRDSB delegation	31	https://www.youtube.com/watch?v=qGu9FXJgoi8
16	WRDSB	Open Letter	31	https://www.wrdsb.ca/blog/2023/01/20/an-open-letter-in-response-to-wrdsb-parent-concerns/
17	Ontario Human Rights Commission	Physical education curriculum statements	33	https://www3.ohrc.on.ca/en/news-center/ohrc-statement-2019-health-and-physical-education-curriculum
18	BC's Office of the Human Rights Commissioner	Hate speech statement	34	https://bchumanrights.ca/news-and-events/news/commissioner-welcomes-decision-protecting-lgbtq-people-from-hate-speech/
19	Elementary Teacher's Federation of Ontario	Trans-affirming statements	35	https://www.etfo.ca/news-publications/publications/trans-kids-belong-in-every-grade,-at-every-age
20	Elementary Teacher's Federation of Ontario	Trans-affirming statements – Trans Visibility Flyer	36	https://www.etfo.ca/getmedia/abf1194a-88ad-4ecc-a471-f2238f9d4b5f/220329-Trans-visibility-flyer-Flyer.pdf
21	Ontario Principals' Council	LBGTQ statements – Student Gender Identity and Gender Expression	36	https://www.principals.ca/en/who-we-are/resources/Documents/LettersAndSubmissions/Statement-Students-Gender-Identity-and-Gender-Expression.pdf
22	Legislative Assembly of Ontario	Bill 80, Gender Affirming Health Care Advisory Committee Act, 2025	39	https://www.ola.org/en/legislative-business/bills/parliament-44/session-1/bill-80
23	True North News	Ontario NDP restrict protests	40	https://tnc.news/2023/04/04/ontar

#	SOURCE	DESCRIPTION	PAGE	LINK
				io-ndp-restrict-protests/
24	Ministry of Education	Commitment to LGBTQ and pride for students	40	https://www.youtube.com/watch?v=PmuhyDnsBug
25	CHEO	Gender Diversity Clinic	46	https://www.cheo.on.ca/en/clinics-services-programs/gender-diversity-clinic.aspx
26	International Journal of Transgender Health	Loss of fertility statements - Standards of Care for the Health of Transgender and Gender Diverse People (V8)	46	https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644
27	Rainbow Health Ontario	Capacity to consent statements - Guidelines for Gender Affirming Primary Care with Trans and Non-Binary Patients	46	https://www.rainbowhealthontario.ca/product/4th-edition-sherbournes-guidelines-for-gender-affirming-primary-care-with-trans-and-non-binary-patients/
28	Get Real Movement	Affirmation gear information and pricing – Gender Joy Gear	47	https://www.thegetrealmovement.com/genderjoygear
29	OK2BEME	Accessing Gender-Affirming Care	47	https://ok2bme.ca/gender-affirming-care/
30	Trans Health Expansion Partnership	Accessing trans related surgery – Trans Related Surgery FAQ	48	https://camh.ca/-/media/files/trans-relatedsurgery-faq-en-pdf.pdf
31	Rainbow Health Ontario	Medical intervention resources - Guidelines for Gender Affirming Primary Care with Trans and Non-Binary Patients	49	https://www.rainbowhealthontario.ca/product/4th-edition-sherbournes-guidelines-for-gender-affirming-primary-care-with-trans-and-non-binary-patients/
32	Ontario.ca	Policy/Program Memorandum 119	54	https://www.ontario.ca/document/education-ontario-policy-and-program-direction/policyprogram-memorandum-119
33	Ontario.ca	Policy/Program Memorandum 145	54	https://www.ontario.ca/document/education-ontario-policy-and-program-direction/policyprogram-memorandum-145
34	Juno News	Freedom of information	56	https://www.junonews.com/p/excl

#	SOURCE	DESCRIPTION	PAGE	LINK
35	David Todor	Freedom of information discussion	57	usive-ontario-ministry-plotted https://youtu.be/68d5L4qV5ZA? si=owwUYftT6E8omR1a8
36	David Todor and Suzanne Gordon	Policy concern discussion	58	https://www.youtube.com/watch? v=5CV0pVWWiLM
37	Legislative Assembly of Ontario	Bill 123: Erin's Law (Child Sexual Abuse Prevention and Reporting)	59	https://www.ola.org/en/legislative -business/bills/parliament- 43/session-1/bill-123
38	Ontario.ca	Child, Youth and Family Services Act	59	https://www.ontario.ca/laws/statut e/17c14
39	WRDSB	Duty to report statements	59	https://www.wrdsb.ca/our- schools/safe-schools/erins-law/
40	Carolyn Burjoski / WRDSB	Delegation at WRDSB	63	https://www.youtube.com/watch? v=s-zM8TfoXg0
41	Carolyn Burjoski	Testimony at National Citizen's Inquiry	63	https://www.youtube.com/watch? v=96SEsGZVxZ8
42	Carolyn Burjoski	WRDSB lawsuit testimony update	63	https://www.youtube.com/watch? v=mu-QVUApGFI
43	Rick (Book)	Book review	64	https://stopsogi.ca/contents/book- reviews/Rick%20by%20Alex %20Gino.pdf
44	The Other Boy (Book)	Book review	64	https://stopsogi.ca/contents/book- reviews/The%20Other%20Boy %20by%20M.G. %20Hennessey.pdf
45	The Bluest Eye (Book)	Book review	66	https://stopsogi.ca/contents/book- reviews/The%20Bluest%20Eye %20by%20Toni%20Morrison.pdf
46	This Book is Gay (Book)	Book review	66	https://stopsogi.ca/contents/book- reviews/This%20Book%20is %20Gay%20by%20Juno %20Dawson.pdf
47	David Todor / WRDSB	Discussion of books available in the library	66	https://www.youtube.com/watch? v=XXMEDZavHy0
48	Carolyn Burjoski	Anti-slapp lawsuit update	67	https://www.youtube.com/watch? v=eST8MSAr3gs