

Family Virtual Learning Preferences

Answer the following questions about your household's virtual learning preferences. This information will be used to create more effective communications and instructional strategies during periods of at-home learning. This form will take approximately five minutes to complete.

* Required

1. What is your full name? *

2. What is your child's full name? *

3. Who is responsible for facilitating your child's virtual instruction? *

Mark only one.

Parent/guardian

Other relative

Nanny or babysitter

No one

Other: _____

4. If you're not responsible for facilitating your child's instruction, please provide the name, phone number, and email address of the individual responsible for doing so, with their permission.

5. How many total students are in your household? *

Mark only one.

1

2

3

4

5

6+

6. Which of the following devices does your child have access to for school? (Check all that apply) *

Check all that apply.

Laptop

Tablet

Desktop

Mobile device

My child does not have device access

Other: _____

7. Does your child share that device with other family members? *

Mark only one.

No

Yes, with one other person

Yes, with two or more other people

My child does not have device access

Other: _____

8. How would you describe your internet access at home? *

Mark only one.

Excellent - reliable and unlimited

Average - mostly reliable and sufficient data

Poor - unreliable and/or limited data

Occasional access (e.g., at the library, public wifi)

No internet access

9. Will you be requesting support from the district to increase internet or device access? *

Mark only one.

Yes

No

Other: _____

10. Do you have access to a printer? *

Mark only one.

Yes - reliable printer, ink, and paper

Yes, but access is unreliable

No

11. Has your child's instructional facilitator (i.e., the person responsible for supporting virtual instruction in the home) received Learning Management System training? *

Mark only one.

Yes

No

12. How comfortable does the instructional facilitator feel about assisting with virtual instruction at home? *

Mark only one.

	1	2	3	4	5	
Not at all comfortable			Extremely comfortable			

13. What is your child's ability to engage in independent learning? *

Mark only one.

	1	2	3	4	5	
Not at all able			Extremely able			

14. What are your biggest concerns related to distance learning? (Check all that apply) *

Check all that apply.

- Device access issues
- Internet access issues
- Childcare
- Food security
- My child's mental health
- Student behavior management
- Lack of peer group socialization for my child
- Lack of 1:1 or small-group instruction
- Over-or-underwhelming school communications
- Inadequate at-home learning materials
- Inadequate at-home learning environment

Other: _____

15. Are you interested in learning more about school district provided child care support? *

Mark only one.

Yes

No

Other: _____

16. Which of the following learning materials do you have in the home? (Check all that apply) *

Check all that apply.

Pens and pencils

White paper

Lined paper

Scissors

Glue

Ruler

None

Markers

Other: _____

17. During what hours do you prefer to be contacted about school-related matters? (Check all that apply) *

Check all that apply.

7AM - 9 AM

9 AM - 12 PM

12 PM - 2 PM

2 PM - 4 PM

4 PM - 6 PM

6 PM - 9 PM

18. What is your preferred method of communication with your child's teacher?
(Check all that apply) *

Check all that apply.

- Email
- Phone call
- Text message
- School mobile app
- Online parent portal
- Videoconferencing platform (e.g., Zoom, Google Meets)
- Other: _____

19. Are you currently working in-person or remotely? *

Mark only one.

- In-person
- Remotely
- Both
- I am not currently employed
- Prefer not to answer

20. How many hours per week are you working on average? *

Mark only one.

- <20
- 20 - 30
- 30 - 40
- 40 - 50
- >50
- I am not currently employed
- Prefer not to answer

21. What other household circumstances should your child's teacher be aware of? *

Check all that apply.

- Family illness
- Shared custody
- Student is a primary care provider
- I am not my child's primary caregiver

Other: _____

22. Would you be interested in learning more about how community members can get involved in supporting virtual instruction for other students? *

Mark only one.

Yes

No

Other: _____

23. What other distance learning-related information do you want to share with your child's teacher that hasn't been captured in this form? *
