

# Parent Survey - Distance Learning

We appreciate you completing this short survey. Your feedback is essential in helping us to improve the Distance Learning plan.

Please respond to all questions from your perspective as a parent of only one of your children. Please take this survey again for your other children.

1. What year is your child in?

*Mark only one oval.*

- 7  
 8  
 9  
 10  
 11  
 12  
 13

2. How many times did your child engage in Distance Learning last week?

*Mark only one oval.*

- Not at all  
 1-2 times  
 3-4 times  
 Daily

3. What was your overall experience of Distance Learning in the past week?

*Mark only one oval.*

	1	2	3	4	5	6	7	8	
Very dissatisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very satisfied

4. On average, how many hours a day was your child engaged with Distance Learning in the past week?

*Mark only one oval.*

0-1

2-3

4-5

6-7

8+

5. In the past week, teachers' lessons and expectations have been clear.

*Mark only one oval.*

	1	2	3	4	5	6	7	8	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

6. The tasks set have allowed me to support my child when necessary

*Mark only one oval.*

	1	2	3	4	5	6	7	8	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

7. I feel supported by the school during this period of distance learning

*Mark only one oval.*

	1	2	3	4	5	6	7	8	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

8. What support might be helpful for you moving forward?

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9. Did your child receive feedback from their teachers on the progress of their work in the past week?

*Mark only one oval.*

1      2      3      4      5      6      7      8

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No feedback at all                           Feedback from all teachers

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10. Was your child engaged in any physical activity in the past week?

*Mark only one oval.*

Yes

No

I don't know

11. Is there anything else you would like to share?

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