



## Parent/Guardian Survey

We have provided a complete survey that you may use as-is or modify to your specific needs, situation, and interest. You may print or share electronically the editable PDF of the survey from this document with teachers, though we recommend that you create the survey digitally using an online survey tool like Survey Monkey or in Google Forms. You may also want to consider making the surveys available in families' home languages.

Details to include in the survey introduction:

- The purpose of the survey, which is not to be evaluative, but rather meant to help the district understand students' needs related to ELA and math instruction.
- Date by which they need to complete the survey.
- Whether or not their responses will be anonymous and the rationale for that decision.

# Learning Recovery Survey

## The Purpose of This Survey:

*\*Fill out one survey per child*

### Section 1: Demographics

**Q1:** What grade is your child in?

- ☐ PK   ☐ K   ☐ Grade 1   ☐ Grade 2   ☐ Grade 3   ☐ Grade 4   ☐ Grade 5   ☐ Grade 6  
☐ Grade 7   ☐ Grade 8   ☐ Grade 9   ☐ Grade 10   ☐ Grade 11   ☐ Grade 12

### Section 2: Remote Learning Experience

**Q1:** How satisfied were you with the remote instruction your child received (select one)?

- ☐ Very Unsatisfied   ☐ Unsatisfied   ☐ Somewhat Satisfied   ☐ Satisfied   ☐ Very Satisfied

**Q2:** What was the experience of supporting your child's remote learning like for you?

**Q4:** What has the experience of supporting your child's return to in-person learning been like for you?

**Section 3: Materials Used**

**Q1:** What types of materials did your child have access to?

- ☐ English Language Arts (ELA/reading/writing) materials (online)
- ☐ ELA (reading/writing) materials (hard copy)
- ☐ Math materials (online)
- ☐ Math materials (hard copy)

**Q2:** What primary materials did your child use for ELA (reading/writing)?

Were these materials: ☐ online or ☐ hard copy

**Q3:** What primary materials did your child use for math?

Were these materials: ☐ online or ☐ hard copy

**Section 4: ELA and Math Instruction****ELA Instruction**

**Q1:** By your best guess, how much time did your child spend working on ELA (reading/writing) each week (select one)?

- ☐ Less than 1 Hour
- ☐ 1-2 Hours
- ☐ 3-4 Hours
- ☐ 5-6 Hours
- ☐ 7-8 Hours

**Q2:** How successful were you with supporting your child with ELA assignments (select one)?

- ☐ Very Unsuccessful
- ☐ Unsuccessful
- ☐ Somewhat Successful
- ☐ Successful
- ☐ Very Successful

**Q3:** How challenging were your child's ELA assignments (select one)?

- ☐ Harder than Usual
- ☐ Hard
- ☐ Somewhat Easy
- ☐ Easy
- ☐ Easier than Usual

**Q4:** When your child's ELA assignments were too hard, how did teachers help?

- ☐ My child could complete the assignments without help.
- ☐ The teacher helped to complete the work.
- ☐ The teacher assigned easier work.

**Q5:** To what extent did your child struggle with the difficulty of assigned ELA work (select one)?

- ☐ A Tremendous Amount
- ☐ A Lot
- ☐ Some
- ☐ A Little
- ☐ Not at All

**Q6:** How satisfied were you with the support your child's ELA teacher provided when they had difficulty (select one)?

- ☐ Very Unsatisfied   ☐ Unsatisfied   ☐ Somewhat Satisfied   ☐ Satisfied   ☐ Very Satisfied

### Math Instruction

**Q7:** By your best guess, how much time did your child spend working on math each week (select one)?

- ☐ Less than 1 Hour   ☐ 1-2 Hours   ☐ 3-4 Hours   ☐ 5-6 Hours   ☐ 7-8 Hours

**Q8:** How successful were you with supporting your child with math assignments (select one)?

- ☐ Very Unsuccessful   ☐ Unsuccessful   ☐ Somewhat Successful   ☐ Successful   ☐ Very Successful

**Q9:** How challenging were your child's math assignments (select one)?

- ☐ Harder than Usual   ☐ Hard   ☐ Somewhat Easy   ☐ Easy   ☐ Easier than Usual

**Q10:** When your child's math assignments were too hard, how did teachers help?

- ☐ My child could complete the assignments without help.  
☐ The teacher helped my child complete the work.  
☐ The teacher assigned easier work.

**Q11:** To what extent did your child struggle with the difficulty of assigned math work (select one)?

- ☐ A Tremendous Amount   ☐ A Lot   ☐ Some   ☐ A Little   ☐ Not at All

**Q12:** How satisfied were you with the support your child's math teacher provided when they had difficulty (select one)?

- ☐ Very Unsatisfied   ☐ Unsatisfied   ☐ Somewhat Satisfied   ☐ Satisfied   ☐ Very Satisfied

### Instructional Supports

**Q13:** How often did your child have one-on-one check-ins with their teacher(s) (select one)?

- ☐ Never   ☐ 1x Week   ☐ 2x Week   ☐ 3x Week   ☐ 4x Week   ☐ Daily

In what format? (select one) ☐ Email   ☐ Video Call   ☐ Phone Call   ☐ Text Message

**Q14:** To what extent did your child's teacher help you make their experience more successful (select one)?

- ☐ Not at All   ☐ A Little   ☐ Some   ☐ A Lot   ☐ A Tremendous Amount

**Q15:** Any additional information you'd like to share?

## Section 5: Accessibility of Instruction

**Q1:** Were you satisfied with the remote instruction your child received (select one)?

☐ Very Unsatisfied   ☐ Unsatisfied   ☐ Somewhat Satisfied   ☐ Satisfied   ☐ Very Satisfied

	Never	Rarely	Sometimes	Often	Always
<b>Q2:</b> Did your child's teachers use a variety of different ways to check your child's understanding of assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q3:</b> Was your child emotionally supported by the teacher or other adults from school during remote learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q4:</b> Did your child's teacher or other adults in the school make efforts to communicate with you during remote learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q5:</b> Did you feel the teacher's instruction effectively reached students of different ability levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q6:</b> Did you feel the teacher's instruction was inclusive to students of all cultural backgrounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q7:</b> Did you feel the teacher's instruction worked well for speakers of languages other than English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q8:</b> Did you feel that your child's teacher gave your child sufficient feedback on their assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9:</b> Did your child's teacher solicit suggestions or feedback from you to improve remote instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 6: Additional Supports**

**Q1:** How often did you have contact and communication with your child's special education teacher(s)?

- ☐ Not Applicable  
☐ Never   ☐ 1x Week   ☐ 2x Week   ☐ 3x Week   ☐ 4x Week   ☐ Daily

**Q2:** How satisfied were you with how your school and teachers provided the services and supports as identified on your child's Individualized Education Program (IEP)?

- ☐ Not Applicable  
☐ Very Unsatisfied   ☐ Unsatisfied   ☐ Somewhat Satisfied   ☐ Satisfied   ☐ Very Satisfied

**Q3:** Did your child make progress toward their IEP goals?

- ☐ Not Applicable  
☐ Not at All   ☐ A Little   ☐ Some   ☐ A Lot   ☐ A Tremendous Amount

**Q4:** Did you participate in an IEP meeting while learning was remote?

- ☐ Not Applicable   ☐ Yes   ☐ No

If yes, what was effective or challenging about participating in IEP meetings online?

**Q5:** Was your child receiving additional instruction or an intervention in a small group or individually for a specific learning need (i.e. reading or math group)?

- ☐ Yes   ☐ No

If yes, did your child participate in their intervention over the past few months?

- ☐ Yes   ☐ No

If yes, how often?

- ☐ Not at All   ☐ A Few Times a Month   ☐ Once a Week   ☐ More than Once a Week

**Q6:** How satisfied were you with the intervention supports provided through remote learning?

- ☐ Not Applicable  
☐ Very Unsatisfied   ☐ Unsatisfied   ☐ Somewhat Satisfied   ☐ Satisfied   ☐ Very Satisfied

**Section 7: Access to Materials**

**Q1:** Did your child's school provide them with any of the following?

- ☐ Computer
- ☐ Tablet
- ☐ Internet hotspot (or other internet access)
- ☐ Access to online learning systems
- ☐ Books
- ☐ Printed work packets
- ☐ The school did not provide them with materials

**Q2:** What were the biggest barriers to your child completing their work (select up to three)?

- ☐ My child didn't have a place to do their work without interruptions.
- ☐ My child didn't have time to do their work and/or had other responsibilities.
- ☐ My child didn't have access to the internet.
- ☐ My child didn't have a device for completing work (computer, tablet, etc.).
- ☐ My child didn't have access to learning materials (hard copy and/or online).
- ☐ My child didn't know what to do for assignments or lessons.
- ☐ My child was unable to get help when they needed it to complete some assignments.
- ☐ N/A – My child didn't have any problems engaging in remote learning.