

Distance Learning Support Questionnaire

Student Information

Student Name: _____ Date: _____ Time: _____

Educator Name
and Title: _____

Grade Level: _____

Family
Participants: _____

Student & Family Questions

Question #1: How is your Family Coping With the Change?

Notes: _____

Question #2: Do You have access to reliable internet and devices?

Notes: _____

Question #3: How familiar and comfortable are you with the online tools we use for instruction? (specifically describe all platforms, applications and tools used by the school)

Notes: Enter notes

Question #3: What is your preferred method of communication? What days and times work best for your family?

Notes: Enter notes

Additional Notes

Enter Additional Notes.