

SAMPLE PARENT SURVEY

This survey is currently for use by INVITATION ONLY. Please do not share with others.
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This survey lets parents share concerns about school closings. Results will drive *local discussions* to help improve solutions, resources and opportunities.

This is completely optional (not required) and anonymous. No one will know who answered or how. No individual data will be reported, only summaries.

We need responses to all questions -- but please skip any questions you cannot or do not want to answer, that are confusing or uncomfortable for you.

Please be sure to SUBMIT responses on the LAST PAGE (or they won't save!)

Use BACK and NEXT to navigate. Phone users - scroll to see all questions and choices.

This survey was created by Evaluation by Design LLC for group use - by request.
For questions, translations, or to arrange your GROUP ID#: jason@evalxdesign.com

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Formatting Note: Survey was created in Google Forms. To present data summaries more easily, some questions are broken into two parts without repeating the prompt (e.g., 17 & 18).

YOUR COMMUNITY

1. Are your local schools closed?

- Yes
- Some
- No

2. ENTER your ZIP CODE (to track by region) [Not in US? Enter 0] _____

3. Enter GROUP ID# from your SURVEY INVITATION, if any (otherwise enter 0) _____

ABOUT YOU

4. Are you a K-12 parent (or guardian) for a K-12 child including grandchildren, foster children, and step-children?

- Yes Skip to question 9
- No Skip to question 15

I am my own guardian Skip to question 9

5. What is your education experience?

- Did not attend school
- K-12 (elementary, middle, high school)
- K-14 (2-year or trade school, etc)
- K-16 (4-year college)
- K-20 (graduate school)

6. Do YOU speak...?

English	No	A little	Yes
Spanish	No	A little	Yes
Other Languages	No	A little	Yes

7. What is your gender? Male Female Other Prefer not to answer

8. What is your age range?

- Under 20
- Under 30
- Under 40
- Under 50
- Under 60
- Under 70
- Older

YOUR CHILDREN

9. How many K-12 children (including grandchildren, foster children, and step-children) do you care for?

- 1 Skip to question 17
- 2 Skip to question 14
- 3 Skip to question 14
- 4 Skip to question 14
- 5 or more Skip to question 14

10. What are their genders?

- Boys
- Girls
- Both
- Other
- Prefer not to answer

11. How OLD is your OLDEST (or only) K-12 child?
 18 17 16 15 14 13 12 11 10 9 8 7 6 5

12. Do ANY of them speak...?

Spanish	No	A little	Yes
English	No	A little	Yes
Other Languages	No	A little	Yes

13. Is their ethnic/racial background...?

- White (non-Hispanic)
- Black or African-American
- Hispanic or Latin-x
- Asian-American
- Native, indigenous
- Other

14. How OLD is your YOUNGEST K-12 child? (Skip if ONE child only)
 N/A - I only have one K-12 child
 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Skip to Question 17.

Non-Guardians / Community Members

15. How would you describe your interests in K-12 education?

- I am a teacher
- I spend time informally helping kids (family, friends, neighbors, etc.)
- I work or volunteer with an organization that supports kids
- I am willing to help (but not currently involved)
- Not likely to get involved

16. This survey is just for parents. You can view survey or submit responses and exit (so we know you were here). See survey Go to end

ARRANGEMENTS

17. For ANY of your children, are you CONCERNED about them NOT having...?

A healthy or safe place	Not a concern	A little	A big concern
Other primary needs (food, shelter, etc.)	Not a concern	A little	A big concern
A quiet or uncrowded place	Not a concern	A little	A big concern

18.	Someone to watch them	Not a concern	A little	A big concern
	Someone to help with schoolwork	Not a concern	A little	A big concern
	A way to have fun and socialize	Not a concern	A little	A big concern
	A way to stay active and get exercise	Not a concern	A little	A big concern

SUPPORT FROM SCHOOL

19. For ANY of your children, have their TEACHERS OR SCHOOL...?
- | | | | |
|--|----|----------|-----|
| Helped with needs (food, shelter, etc.) | No | A little | Yes |
| Sent home a computer or tablet | No | A little | Yes |
| Provided extra learning materials | No | A little | Yes |
| Changed grading or graduation requirements | No | A little | Yes |
- 20.
- | | | | |
|--|----|----------|-----|
| Provided an online program for schoolwork | No | A little | Yes |
| Said students have to do schoolwork online | No | A little | Yes |
| Recommended quality online resources | No | A little | Yes |
21. For ANY of your children do you have HELP from...?
- | | | | |
|-------------------------------|---------|----------|-----|
| Another adult | No help | A little | Yes |
| An older or more mature child | No help | A little | Yes |
22. Are YOU currently staying AT HOME?
- | | |
|-----------------------------------|---------------------|
| <input type="checkbox"/> No | Skip to question 25 |
| <input type="checkbox"/> A little | Skip to question 25 |
| <input type="checkbox"/> Yes | Skip to question 23 |

The next couple questions ask about your decision.

STAYING HOME

23. WHY are you STAYING home? (Select ALL that apply)
- | | |
|---------------------------------|-----|
| Ordered to (by city or state) | Yes |
| Work shut down (with pay) | Yes |
| Work shut down (losing income) | Yes |
| My own choice to stay safe | Yes |
| Feeling sick or someone else is | Yes |
- 24.
- | | |
|-------------------------------|-----|
| Was already working from home | Yes |
|-------------------------------|-----|

Was already home (caring for kids)	Yes
Was already home (other reasons)	Yes
Staying home now for another reason	Yes

[Skip to question 27]

LEAVING HOME

25. WHY are you LEAVING home? Select all that apply.
- | | |
|-----------------------------------|-----|
| Job is classified essential | Yes |
| Can only work onsite or in-person | Yes |
| Employer says I need to come in | Yes |
| Feels safe enough (worth it) | Yes |
- 26.
- | | |
|--------------------------------------|-----|
| Home is too crowded or noisy | Yes |
| Computers or Internet at work | Yes |
| Space, equipment or supplies at work | Yes |
| Leaving home for another reason | Yes |

CONCERNS (1 of 3)

The next three (3) pages are about SUCCESSFUL LEARNING at home if schools are closed.

27. For ANY of your children - are you CONCERNED about these issues?
- | | | | |
|--|---------------|----------|---------------|
| No assignments yet | Not a concern | A little | A big concern |
| Assignments are confusing | Not a concern | A little | A big concern |
| Unclear grading or testing | Not a concern | A little | A big concern |
| Lack of Internet or computers access | Not a concern | A little | A big concern |
| Lack of offline materials or resources | Not a concern | A little | A big concern |
| Not understanding online tools | Not a concern | A little | A big concern |
28. Are you CONCERNED about ANY of them NEEDING...?
- | | | | |
|---------------------------------------|---------------|----------|---------------|
| Extra encouragement | Not a concern | A little | A big concern |
| Supervision to stay on task | Not a concern | A little | A big concern |
| Relationships with classmates | Not a concern | A little | A big concern |
| A way to interact with their teachers | Not a concern | A little | A big concern |
- 29.
- | | | | |
|---|---------------|----------|---------------|
| Help with technology or online learning | Not a concern | A little | A big concern |
| Special physical needs (audio-visual, etc.) | Not a concern | A little | A big concern |
| Other special needs (learning issues) | Not a concern | A little | A big concern |

Concerns (2 of 3) - Schoolwork

30. For ANY of your children, do you have these CONCERNS about their SCHOOLWORK?
- | | | | |
|--------------------------------------|---------------|----------|---------------|
| It's too much | Not a concern | A little | A big concern |
| It's too hard | Not a concern | A little | A big concern |
| It's too boring | Not a concern | A little | A big concern |
| There's not enough to keep them busy | Not a concern | A little | A big concern |
31. How do you feel about HELPING with SCHOOLWORK?
- | | | | |
|-----------------------------|----|----------|-----|
| I want to give help | No | A little | Yes |
| I have time to help | No | A little | Yes |
| I feel comfortable helping | No | A little | Yes |
| I understand enough to help | No | A little | Yes |

Concerns (3 of 3) - Subject Areas

32. For ANY of your children, are you CONCERNED about their success in...?
- | | | | |
|--|---------------|----------|---------------|
| Social Studies/Civics | Not a concern | A little | A big concern |
| Science | Not a concern | A little | A big concern |
| Math | Not a concern | A little | A big concern |
| English-Language Arts (writing, reading) | Not a concern | A little | A big concern |
33. Are these other subject areas a concern, if schools are closed?
- | | | | |
|---|---------------|----------|---------------|
| Art, music, performance | Not a concern | A little | A big concern |
| Sports, exercise or physical education | Not a concern | A little | A big concern |
| Career-tech education, job training | Not a concern | A little | A big concern |
| College preparation (A/P courses, etc.) | Not a concern | A little | A big concern |

Resources (1 of 3) - Home Access

Almost done! These three (3) pages are about RESOURCES for learning at home.

34. Do your children have ACCESS to ...
- | | | | |
|--------------------------------|----|----------------------|-----|
| A working computer or laptop | No | A little (sometimes) | Yes |
| A Tablet or iPad (no keyboard) | No | A little (sometimes) | Yes |
| Internet | No | A little (sometimes) | Yes |
| A Smartphone | No | A little (sometimes) | Yes |
- 35.
- | | | | |
|--|----|----------------------|-----|
| Educational software or apps | No | A little (sometimes) | Yes |
| Books or reading materials they like | No | A little (sometimes) | Yes |
| Other materials, supplies or equipment | No | A little (sometimes) | Yes |

Resources (2 of 3) - Computers at Home

36. Before any closings -- on a school day -- what was the MOST that ANY of your children used COMPUTERS (including tablets or smartphones) for HOMEWORK?

- None
- 1 hour or less
- 1-2 hours
- 2-3 hours
- 4-5 hours
- 6-7 hours
- 8 or more

37. Before any closings -- on a school day -- what was the MOST that ANY of your children used COMPUTERS (including tablets or smartphones) for OTHER reasons (social, fun, gaming, interests, etc.)?

- None
- 1 hour or less
- 1-2 hours
- 2-3 hours
- 4-5 hours
- 6-7 hours
- 8 or more

38. Do your children ALREADY have EXPERIENCE with...?

Home schooling	No	A little	Yes
Taking classes online	No	A little	Yes
Learning with online tools or resources	No	A little	Yes

Resources (3 of 3) - Computer and Learning

39. For ANY of your children, do YOU think using COMPUTERS for SCHOOLWORK...?

Makes school easier	No	A little	Yes
Makes learning fun	No	A little	Yes
Improves learning	No	A little	Yes
Gives them skills	No	A little	Yes
Encourages creativity	No	A little	Yes
Has too many (confusing) options	No	A little	Yes
Has too many distractions (good or bad)	No	A little	Yes

Skills - General

This is the LAST section with three (3) pages about SKILLS for learning and experiences.

40. Do you think ANY of your children ALREADY have SKILLS to

Work alone on hard problems	No	A little	Yes
Choose what they need to learn	No	A little	Yes
Choose how they will learn	No	A little	Yes
Find quality information online	No	A little	Yes

41.

Team up with classmates	No	A little	Yes
Keep their work organized	No	A little	Yes
Make plans and follow them	No	A little	Yes

Skills - Peer learning

42. For doing schoolwork WITH OTHER STUDENTS -- online or by phone -- would ANY of your children...?

Do schoolwork with friends	No	A little	Yes
Want to help others learn (e.g., younger)	No	A little	Yes
Want help from others (e.g., older)	No	A little	Yes

AFTER SCHOOL EXPERIENCES

This is the last question.

43. Usually - with no closings -- do ANY of your children do these activities AFTER SCHOOL?

Lots of homework	No	A little	Yes
Significant responsibilities (a job, caregiving, caregiving, chores)	No	A little	Yes
Afterschool programs	No	A little	Yes
Organized sports, clubs, etc.	No	A little	Yes
Free/personal time (on computer)	No	A little	Yes
Free/personal time (offline)	No	A little	Yes

SUBMIT Confirmation Message: "Your response has been recorded. Your answers will help local partners provide resources and support. Thank you!"