



## Family Distance Learning Survey

We are interested in learning more about your experiences with distance learning and general well-being. Please help us better support you and other families by answering these questions. Your answers will be completely anonymous. If you prefer not to answer any question, you can skip it.

As you answer these questions, please think about your family's situation right now. If you have more than one child enrolled in school, please answer these questions about your oldest child or complete the survey once for each child.

### Student Distance Learning Access and Environment

1. In what type of format does your child receive their school assignments?

- |                       |   |                                   |  |
|-----------------------|---|-----------------------------------|--|
| <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/>             | <input type="radio"/>                                      |
| Paper packet          | Electronic packet downloaded from website | Both paper and electronic packets | None - My child has not obtained schoolwork or assignments |

2. How difficult or easy has it been to obtain your child's distance learning packet?

- |                       |                       |                       |                            |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Very difficult        | Somewhat difficult    | Slightly difficult    | Neither difficult nor easy | Slightly easy         | Somewhat easy         | Very easy             |

3. How difficult or easy has it been for your child to submit his or her completed assignments electronically?

- |                       |                       |                       |                            |                       |                       |                       |  |
|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|--|
| <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 difficult        | Somewhat difficult    | Slightly difficult    | Neither difficult nor easy | Slightly easy         | Somewhat easy         | Very easy             | N/A - My child will return their assignments when they return to school. |

4. How often is your child able to access his/her schoolwork that is online?

- |                       |                       |                       |                       |                       |  |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> |
| Almost never          | Once in a while       | Sometimes             | Frequently            | Almost all the time   | N/A - My child is completing a paper learning packet |                       |

5. Which digital tools has your child used to access his/her schoolwork? Select all that apply.

- |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No digital tools      | Microsoft Teams       | Zoom                  | Emails                | Texts                 | Phone calls           | Social Media          | Other                 |

6. Which digital tools has your child used to communicate with his/her teacher(s) and classmates? Select all that apply.

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|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No digital tools      | Microsoft Teams       | Zoom                  | Emails                | Texts                 | Phone calls           | Social Media          | Other                 |

7. Which digital tools have you used to communicate with your child's teacher(s)? Select all that apply.

- |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No digital tools      | Microsoft Teams       | Zoom                  | Emails                | Texts                 | Phone calls           | Social Media          | Other                 |



8. If you said "Other", please specific what digital tools you or your child has used for distance learning.

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9. How much of the day does your child spend learning or completing schoolwork?

- No part of the day (0 hours)    
  A little bit of the day (less than 1 hour)    
  Some of the day (1-2 hours)    
  Most of the day (3-5 hours)    
  Almost the entire day (6+ hours)

10. How confident are you that your child can complete his/her assigned schoolwork every week?

- Not at all confident    
  Slightly confident    
  Somewhat confident    
  Quite confident    
  Extremely confident

11. How often do you help your child complete his/her assignments?

- Almost never    
  Once in a while    
  Sometimes    
  Frequently    
  Almost all the time

12. How difficult or easy has it been for you to help your child complete assignments?

- Very difficult    
  Somewhat difficult    
  Slightly difficult    
  Neither difficult nor easy    
  Slightly easy    
  Somewhat easy    
  Very easy    
  N/A - My child completes the assignments on their own

13. How helpful have the distance learning packets been in supporting your child's learning?

- Not at all helpful    
  Slightly helpful    
  Somewhat helpful    
  Quite helpful    
  Extremely helpful

14. How helpful are your child's teachers in supporting his/her learning right now?

- Not at all helpful    
  Slightly helpful    
  Somewhat helpful    
  Quite helpful    
  Extremely helpful

15. How often is your child's teacher available to help your child with questions about schoolwork?

- Never    
  Once in a while    
  Sometimes    
  Frequently    
  Almost all the time

16. How much do the materials for distance learning reflect your family's cultural background?

- Do not reflect at all    
  Reflect a little bit    
  Reflect somewhat    
  Reflect quite a bit    
  Reflect a tremendous amount

17. How much does your child's teacher utilize your family's strengths to support your child's education?

- Does not utilize at all    
  Utilizes a little bit    
  Utilizes somewhat    
  Utilizes quite a bit    
  Utilizes a tremendous amount

18. How often does your child's teacher ask you for your ideas, concerns, or feedback?

- Never    
  Once in a while    
  Sometimes    
  Frequently    
  Almost all the time



19. How often does your child's teacher reach out to you in a way that shows he or she cares about you or your child?

Never

Once in a while

Sometimes

Frequently

Almost all the time

20. How much do your child's school assignments tap into your child's interests?

Do not tap in at all

Tap in a little bit

Tap in somewhat

Tap in quite a bit

Tap in a tremendous amount

21. Does your child have a routine for distance learning and completing schoolwork?

Yes

No

22. How are you managing your child's learning, such as completing assignments, at home?

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23. Which best matches your beliefs about your child's readiness for next year?

I believe my child is ready for the next grade level.

I believe my child will be ready for the next grade level by the end of spring.

I believe my child will need summer supports to be ready for the next grade level.

I believe my child will not be ready for the next grade level.

24. Below are things that can make distance learning difficult. Please select any that make distance learning more difficult for you and/or your child. Select all that apply.

We don't have a computer or tablet.

We don't have enough devices at home.

We don't have internet access at home.

Our internet access is sometimes too slow or doesn't always work.

Sometimes we don't know how to use the remote/distance learning software.

Materials are often not provided in our first/native language.

My child doesn't always have a quiet, undisturbed space to do schoolwork.

My child is too young to participate in remote learning on his/her own without adult supervision.

My child has responsibilities at home that prevent her/him from participating.

My child has a disability or needs accommodations.

My child does not want to complete schoolwork.

None of these apply to me or my child.

25. What improvements could your child's school make to improve distance learning?

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School Communication/ Support During School Closures

26. How strong is your relationship with your child's teacher?

Not at all strong

Slightly strong

Somewhat strong

Quite strong

Extremely strong



27. How comfortable are you asking your child's teacher for resources and support?

Not at all comfortable     
  Slightly comfortable     
  Somewhat comfortable     
  Quite comfortable     
  Extremely comfortable

28. How often has your child's teacher(s) communicated with your child, you, or another member of your family in the last week?

A few times a day     
  Once a day     
  A few times a week     
  Once a week     
  N/A - My child's teacher(s) have not communicated with my child or my family in the last week

29. How consistent has the messaging been about the district's response to COVID-19?

Not at all consistent     
  Slightly consistent     
  Somewhat consistent     
  Quite consistent     
  Extremely consistent

30. How clear is the communication from your child's school about distance learning?

Not at all clear     
  Slightly clear     
  Somewhat clear     
  Quite clear     
  Extremely clear

31. How much information are you receiving from your child's school about distance learning?

Not enough information     
  The right amount of information     
  Too much information

32. How reasonable are the expectations for distance learning from your child's school?

Not at all reasonable     
  Slightly reasonable     
  Somewhat reasonable     
  Quite reasonable     
  Extremely reasonable

Your Current Situation During School Closures

33. How concerned are you about your child falling behind academically?

Not at all concerned     
  Slightly concerned     
  Somewhat concerned     
  Quite concerned     
  Extremely concerned

34. How concerned are you about your child's mental well-being?

Not at all concerned     
  Slightly concerned     
  Somewhat concerned     
  Quite concerned     
  Extremely concerned

35. How concerned are you about your child not being able to interact with teachers?

Not at all concerned     
  Slightly concerned     
  Somewhat concerned     
  Quite concerned     
  Extremely concerned

36. How concerned are you about your child not being able to interact with other students?

Not at all concerned     
  Slightly concerned     
  Somewhat concerned     
  Quite concerned     
  Extremely concerned

37. How concerned are you about your child being on track to graduate from high school?

Not at all concerned     
  Slightly concerned     
  Somewhat concerned     
  Quite concerned     
  Extremely concerned



38. How concerned are you about your child staying on track to go to college?

- Not at all concerned       Slightly concerned       Somewhat concerned       Quite concerned       Extremely concerned

39. How concerned are you about your child feeling bored or under-stimulated?

- Not at all concerned       Slightly concerned       Somewhat concerned       Quite concerned       Extremely concerned

40. How concerned are you about your child getting enough physical exercise?

- Not at all concerned       Slightly concerned       Somewhat concerned       Quite concerned       Extremely concerned

41. What additional concerns do you have about your child's education?

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42. For which area(s) could you use additional support or information about resources at this time? Please select all that apply.

- Food       Shelter/Housing       Childcare       Healthcare       Mental & emotional health       Employment opportunities       Other (please specify below)       None

43. If you picked "other", explain more about in which area(s) you could use additional support or information about resources at this time.

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44. What community agencies have you received services from since school closures? Select all that apply.

- Children's Cabinet       Catholic Charities       Communities In Schools       Family Resource Center       Reno Housing Authority       Salvation Army       Other (please specify below)       None

45. If you picked "other", explain more about what community agencies you have received services from since school closures.

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46. How can we better support your family while school is closed?

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### Background Questions

Please share some background information about your child so we can better understand the needs of different families. If you have more than one child enrolled in school, please answer these questions about your oldest child or complete the survey once for each child.

47. What grade is your child in?

- |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pre-kindergarten      | Kindergarten          | 1st grade             | 2nd grade             | 3rd grade             | 4th grade             | 5th grade             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6th grade             | 7th grade             | 8th grade             | 9th grade             | 10th grade            | 11th grade            | 12th grade            |

48. What is your child's race/ethnicity?

- |                       |                       |                           |                       |   |                       |                            |                       |                        |
|-----------------------|-----------------------|---------------------------|-----------------------|---|-----------------------|----------------------------|-----------------------|------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> |                        |
| American Indian       | Asian                 | Black or African American | Hispanic or Latino    | Native Hawaiian or Other Pacific Islander | White                 | Two or More Races/Ethnicit | Other                 | I prefer not to answer |

49. If you picked "other", how would you describe your child's race/ethnicity?

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50. Does your child receive Special Education services?

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|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yes                   | No                    | I'm not sure          |

51. Is your child learning English (referred to as an "English Learner")?

- |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yes                   | No                    | I'm not sure          |