

1. Are you a:

Guardian	Student	Parent or Teacher	Other Family
Member		Other (please specify)	

Question Title

* 2. What Ward do you live in?

1	2
3	4
5	6
7	N/A
8	

Question Title

* 3. What type of school does your child attend? (Select all that apply)

DC Public Schools
DC Charter School
Private/Parochial Schoool
Homeschool
Other

Question Title

* 4. What type of internet access do you have at home?

Broadband
Dial-up
Only have access to the internet on my cell phone
Do not have access to the internet

Question Title

* 5. Do you have a limited amount of data allowed for your internet access?

Yes
No

Question Title

* 6. Does each of your children have access to a computer or tablet that is dedicated just for them to do their school work?

Yes

No

Question Title

7. If you answered no to question 5, is each of your children using another device like a smartphone to do school work or is each child sharing a laptop/tablet with other children?

Yes

No

They are sharing a laptop or tablet.

Question Title

8. Is there somewhere else that your child(ren) could go to safely get regular access to the internet?

Yes

No

No need, we have internet at home.

Question Title

* 9. Think of the oldest device your child(ren) rely on for distance learning. How old is this device?

Less than a year

1-3 years

4-6 years

7 years or older

Question Title

* 10. Are you currently working at home?

Yes

No

Question Title

* 11. Are all the adults in the household currently working?

Yes, all adults in the household are currently working

Some adults in the household are working, but some are not

No adults in the household are currently working

Question Title

* 12. Are any of the adults in your household a medical professional, first responder, or other essential worker (e.g. grocery store employee)?

Yes

No

Question Title

* 13. How comfortable would you be picking up books, supplies, or equipment for your children to use at home for distance learning or independent study?

Very comfortable

Somewhat comfortable

Somewhat uncomfortable

Very uncomfortable

Question Title

* 14. How comfortable would you be sending your child back to school for in-person learning?

Very comfortable

Somewhat comfortable

Somewhat uncomfortable

Very uncomfortable

Question Title

* 15. What type of learning environment do you want for your children to start the school year?

In-Person

Virtual

A mix of in-person & virtual

Question Title

* 16. If there were a technical problem with your internet access and/or with the devices that your children rely on for distance learning, how confident are you that you would

have access to resources to fix the problem (getting IT support, fix or replace device, etc).

Extremely confident

Very confident

Somewhat confident

Not so confident

Not at all confident

Question Title

17. Do you have any other comments, questions, or concerns?

Question Title