TNTP Fall Learning Experience Survey for School Year 2020-21

Family and Student Item Banks

If you are interested in surveying additional stakeholders (e.g. teachers, school leaders) and/or having TNTP administer the survey or create reports, please contact insight@tntp.org.

CONTENTS

If interested in surveying additional stakeholders and/or having TNTP administer the survey and create reports, please contact insight@tntp.org

All Respondents

Introduction

Thank you for participating in the <District/Network Name> Fall Learning Experience Survey for School Year 2020-21.

We recognize that this is an overwhelming time for many of you and we appreciate hearing from you. **Your participation is completely voluntary, and we value your feedback.**

What is the purpose of the Fall Learning Experience Survey for School Year 2020-21?

The Fall Learning Experience Survey for School Year 2020-21 collects your feedback so that our school and [district/network] leaders can understand and respond to what is happening in classrooms, schools, and across our [district/network] this fall.

Who will see my responses?

Your responses are completely anonymous. They will be combined with other responses to help us understand what is happening in our community right now.

How do I take the survey?

Select the "Next" button below to begin and then select your role from the drop-down list. The survey takes approximately 5-10 minutes to complete. Your answers will only be saved when you click "Submit" on the last page. Please respond to each question honestly and feel free to skip any questions or select "N/A" for any questions you don't feel able to answer.

If you are having technical issues completing the survey, please contact insightsurvey@tntp.org. If you have any questions or concerns, please contact <District/Network contact>. Thank you in advance for helping <District/Network Name> understand your experiences and needs.

Role
1. What is your role? (Dropdown of *Student, Parent or Guardian*)

Students

Those self-identifying role as 'Student' in the question, 'What is your role?'

School and/or Grade

2. What is your school name? Please select your school from list. (*Dropdown of school names in the district/network*)

3. What grade levels does your school serve? Please select the option that best describes your school. (*Select one*)
    - Pre-K (0-K)
    - Elementary (K-6 or a subset)
    - Middle (6-9 or a subset)
    - High (9-12 or a subset)
    - Elementary/Middle (K-8/9)
    - Middle/High (6/7-12)

- All Grades (K-12)
- Other

Learning Method

How are you attending school this year? Distance learning, online learning, and learning at home through use of worksheets or paper packets are all considered remote learning. Going to school some days and participating in online classes other days is also known as the hybrid model.

4. Which of the following best describes how you are participating in school this year?
   - I spend all or almost all of my time learning in person at my school.
   - I spend all or almost all of my time learning online or at home (remote learning).
   - I spend some of the time learning in person at my school and some of it online or at home.

(For those selecting "…all or almost all of my time learning in person at my school." or "…some of the time learning in person at my school and some of it online or at home.")
5. **Last week**, how many days did you go to class at school? (*Dropdown options*)
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days

Wellness

6. How supported do you feel by your school? (*Select one*)
   - Very supported
   - Supported
   - Somewhat supported
   - Not at all supported
   - I'm not sure

(For those selecting "…all or almost all of my time learning in person at my school." or "…some of the time learning in person at my school and some of it online or at home.")
7. How true are the following statements for you when you are in your school building? *(Very true, Mostly true, A little true, Not true, I'm not sure)*
   - I am worried about getting sick while I'm at school. (*reverse coded*)
   - Everyone at my school is following health and safety rules (such as washing their hands often or staying home when they are sick).

(If A little true or Not true is selected for "Everyone at my school is following…")
8. You responded that not everyone at your school is following health and safety rules. Which of the following best matches your experience?
   - It is mostly students who are not always following the rules.
   - It is mostly adults who are not always following the rules.
   - It is both students and adults who are not always following the rules.

Access

9. Please answer the following about your access to technology at home. (*Very true, Mostly true, A little true, Not true, I'm not sure)*

- I have Internet access (Wi-Fi connectivity).
- I have access to a desktop, laptop, or tablet.
- I can access my schoolwork.
- I can print at home.

(For those selecting "…all or almost all of my time learning online or at home (remote learning)." or "…some of the time learning in person at my school and some of it online or at home.")

10. How true are the following statements for you? (*Very true, Mostly true, A little true, Not true, I don't have these classes.)*
    - If I can't access my classes or schoolwork, someone will fix the problem quickly.
    - I can easily access recorded lessons to watch them later.
    - I can easily participate in my live online classes.
    - I can easily turn in my completed assignments.
    - I am not sure what I am supposed to do to complete my work. (*reverse coded*)

(For those selecting "…all or almost all of my time learning online or at home (remote learning)." or "…some of the time learning in person at my school and some of it online or at home.")

11. How true are the following statements for you? (*Very true, Mostly true, A little true, Not true, I'm not sure)*
    - I have responsibilities outside of school that make it difficult to go to online classes. (*reverse coded*)
    - I have responsibilities outside of school that make it difficult to complete my schoolwork. (*reverse coded*)

12. How many lessons or classes do you go to?
    - I go to **all** of my classes.
    - I go to **most** of my classes.
    - I go to **some** of my classes.
    - I go to **few** of my classes.
    - I do not go to my classes.
    - I don't have classes to go to.

Connectedness & Support

13. How true are the following statements for you? *(Very true, Mostly true, A little true, Not true, I'm not sure)*
    - There is at least one adult at my school that I can talk to about how I'm doing.
    - My teacher(s) regularly check in with me to see how I'm doing.
    - My teacher(s) make me feel like I belong in their class(es).
    - I believe my teacher(s) are doing their best to help me learn.
    - I talk to other students in my class(es) about schoolwork.

Student Learning

14. How true are the following statements for you? *(Very true, Mostly true, A little true, Not true, I'm not sure)*
    - I understand my teacher(s)'s lessons.
    - My teacher(s)'s lessons help me complete my work.
    - My teacher(s) tell me what I do well and what I can do better.
    - I go to all my classes and complete my schoolwork.
    - My schoolwork is helping me learn new things.

15. In my classes… *(Very true, Mostly true, A little true, Not true, I'm not sure)*
    - I like what we do.
    - What we learn is interesting.
    - I think more about what we are learning than anything else.

- I am so into what we are doing, I lose track of time.

16. **Last week**, my schoolwork assignments were: (*Select one*)
    - Too difficult
    - Just right
    - Too easy
    - I haven't been given any schoolwork assignments.

17. **Last week**, I spent __ hours per day on schoolwork. (*Dropdown: 0, 1, 2… 7 or more hours, I'm not sure*)

18. I complete __ (*Select one*)
    - **All** of my assignments.
    - **Most** of my assignments.
    - **Some** of my assignments.
    - **Few** of my assignments.
    - **None** of my assignments.
    - I have no assignments.
    - I'm not sure.

19. My teacher gives me feedback on __ (*Select one*)
    - **All** of my assignments.
    - **Most** of my assignments.
    - **Some** of my assignments.
    - **Few** of my assignments.
    - **None** of my assignments.
    - I have no assignments.
    - I'm not sure.

(For those selecting "…all or almost all of my time learning online or at home (remote learning)." or "…some of the time learning in person at my school and some of it online or at home.")
Tell us about your experience with remote learning.
20. So far this year, my teacher(s) have: *(Check all that apply)*
    - Taught lessons online (live).
    - Recorded lessons so I can watch them later.
    - Assigned me online schoolwork to complete.
    - Assigned me paper packets to complete.
    - Assigned me optional schoolwork.
    - None of the above.

(For those selecting "…all or almost all of my time learning online or at home (remote learning)." or "…some of the time learning in person at my school and some of it online or at home.")
Tell us about your experience with remote learning.
21. I learn most when my teacher(s): (*Select the top two*)
    - Teach lessons online (live).
    - Record lessons so I can watch them later.
    - Assign me online schoolwork to complete.
    - Assign me paper packets to complete.
    - Assign me optional schoolwork.
    - None of the above.

22. Which describes your experience so far this year? (*Select one*)
    - I have learned **a lot** this year.

- I have learned **some** this year.
- I have learned **a little** this year.
- I have learned **nothing** this year.

(For those selecting "…all or almost all of my time learning online or at home (remote learning)." or "…some of the time learning in person at my school and some of it online or at home.")
23. Do you learn better at home or at school?
- I learn **better at home** than at school.
- I learn **equally well** at home or at school.
- I learn **better at school** than at home.

(For those selecting "…some of the time learning in person at my school and some of it online or at home.")
24. Which learning format do you prefer?
- I prefer learning at school.
- I prefer learning online or at home.
- I prefer learning at school sometimes and online or at home sometimes.
- I have no preference.

Communication & Expectations

25. How true are the following statements for you? *(Very true, Mostly true, A little true, Not true, N/A – I'm not sure)*
- I know what I need to do to be successful in my grade.
- My teacher(s) give me challenging work.
- I can get the help I need to complete my schoolwork.

Parents/Guardians

Those self-identifying role as 'Parent or Guardian' in the question, 'What is your role?'

Wellness

26. For each of the following, how satisfied are you with the support from the [district/network] for your family? *(Very satisfied, Satisfied, Somewhat satisfied, Somewhat dissatisfied, Dissatisfied, Very dissatisfied, I'm not using these supports.)*
- Food / additional meals
- Childcare
- Mental & emotional health
- Technology/Internet access
- Other (Please specify)

27. Please share additional information regarding the supports you indicated above. (*Open text*)

28. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, N/A*)
- I know what resources are available to support me.
- I have asked for support when I needed it.
- My basic needs are being met.

Loop Question
We would like to understand the experiences of each of your children attending schools in the [district/network]. Please let us know how many of your children attend schools in the [district/network]. You will be given the opportunity to respond to each of the following questions with one of your children in mind based on the number of

If interested in surveying additional stakeholders and/or having TNTP administer the survey and create reports, please contact insight@tntp.org

children you select. For example, if you select "3," you will see the same set of questions three times, so that you can respond once for each child.

29. How many children do you have attending schools in the [district/network]? If you have more than five children in the [district/network], please select "5" and answer the following questions about your five youngest children, starting with your youngest child. (*select one)*
    - 1
    - 2
    - 3
    - 4
    - 5

School and/or Grade

Please answer the following questions for only one of your children. If you indicated previously that you have more than one child attending schools in this [district/network], these survey questions will repeat for each additional child.

30. What is your child's school name? Please select your school from list. (*Dropdown of school names in the district/network*)

31. What grade levels does your child's school serve? Please select the option that best describes your school. (*Select one*)
    - Pre-K (0-K)
    - Elementary (K-6 or a subset)
    - Middle (6-9 or a subset)
    - High (9-12 or a subset)
    - Elementary/Middle (K-8/9)
    - Middle/High (6/7-12)
    - All Grades (K-12)
    - Other

Learning Method

Please continue to answer the following questions for your child at [School Name].

Please tell us how your child is attending school this year, and note that distance learning, online learning, and learning at home through use of worksheets or paper packets are all considered remote learning. Going to school some days and participating in online classes other days is also known as the hybrid model.

32. Which of the following best describes how your child is participating in school this year?
    - My child spends all or almost all of their time learning in person at their school.
    - My child spends all or almost all of their time learning online or at home (remote learning).
    - My child spends some of their time learning in person at their school and some of it online or at home.

Please continue to answer the following questions for your child at [School Name].

(For those selecting "…all or almost all of their time learning in person at their school." or "…some of their time learning in person at their school and some of it online or at home.")
33. **Last week**, how many days did your child go to school in person? (*Dropdown options*)
    - 0 days
    - 1 day
    - 2 days

7

- 3 days
- 4 days
- 5 days

32. How supported do you feel by your child's school? (*Select one*)
- Very supported
- Supported
- Somewhat supported
- Not at all supported
- I'm not sure

(For those selecting "…all or almost all of their time learning in person at their school." or "…some of their time learning in person at their school and some of it online or at home.")
34. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, N/A*)
- I know which health and safety guidelines have been implemented by my child's school.
- I know what steps the school will take if there is a positive case of COVID-19 at my child's school.
- I trust my child's school leaders to make the right decisions to keep my child safe.
- I am worried about my child getting sick while at school. (*reverse coded*)

Access

Please continue to answer the following questions for your child at [<mark>School Name</mark>].

35. Please answer the following about your child's access to technology at home. *(Strongly Agree, Agree, Somewhat Agree, Somewhat Disagree, Disagree, Strongly Disagree, I'm not sure)*
- My child has Internet access (Wi-Fi connectivity).
- My child has access to a desktop, laptop, or tablet.
- My child can access their schoolwork.
- My child can print at home.

(For those selecting "…all or almost all of their time learning online or at home (remote learning)." or "…some of their time learning in person at their school and some of it online or at home.")
36. Please indicate your level of agreement with the following statements. If the statement doesn't apply to your child's format of learning, please select N/A. (*Strongly Agree to Strongly Disagree, This doesn't apply*)
- I know who to contact if my child has a problem accessing their online classes or schoolwork.
- My child can easily participate in their online classes.
- I know how to help my child resolve technology problems when they arise.
- My child can easily turn in their completed assignments.
- My child is not sure what they are supposed to do to complete their work. (*reverse coded*)

(For those selecting "…all or almost all of their time learning online or at home (remote learning)." or "…some of their time learning in person at their school and some of it online or at home.")
37. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, This doesn't apply*)
- My child has responsibilities outside of school that make it difficult to attend online classes. (*reverse coded*)
- My child has responsibilities outside of school that make it difficult to complete their schoolwork. (*reverse coded*)

Connectedness & Support

Please continue to answer the following questions for your child at [<mark>School Name</mark>].

38. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, N/A*)
    - My child has trusted classmates and friends from school.
    - My child's teacher has provided opportunities for my child to socialize with peers.
    - I know who to reach out to at my child's school if I have questions or concerns.
    - The [district/network] has my child's best interests at heart.
    - My child's teacher(s) have their best interests at heart.

39. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, N/A*).
    - My child's teacher(s) checked in with me at the beginning of the school year to discuss my child's education.
    - I know how to contact my child's teacher(s) if I have questions or concerns.
    - I feel comfortable reaching out to my child's teacher(s) if I have questions or concerns.

40. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, I'm not sure*)
    - My child is excited to go to class.
    - My child is comfortable talking to their teacher(s).
    - My child can get the help they need to complete their schoolwork.

41. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, I'm not sure*)
    - I know how I can support my child in their learning this year.
    - The [district/network] has provided training opportunities to help me better support my child's learning.

42. Which have been the biggest challenges for your child this year? (*Select the top three*)
    - Returning to a daily school schedule
    - Adapting to online learning
    - Maintaining or developing friendships with classmates
    - Continuing to learn at grade level while filling in learning gaps from the spring
    - Following health and safety rules
    - Coping with trauma related to the pandemic
    - Managing anger, sadness, or anxiety
    - Managing additional responsibilities outside of school
    - Other (Please specify)

Student Learning

Please continue to answer the following questions for your child at [School Name].

43. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, I'm not sure*)
    - My child's teacher(s) regularly share detailed feedback on my child's work.
    - The work my child is being asked to do is helping them learn new things.

44. How many assignments does your child complete? My child completes __ (*Select one*)
    - **All** of their assignments.
    - **Most** of their assignments.
    - **Some** of their assignments
    - **Few** of their assignments.
    - **None** of their assignments.
    - My child has no assignments.
    - I'm not sure

(For those selecting "…all or almost all of their time learning online or at home (remote learning)." or "…some of their time learning in person at their school and some of it online or at home.")

Please answer the following based on your child's experience participating in remote learning.

45. So far this year, my child's teacher(s) have: *(Check all that apply)*
    - Taught lessons online (live).
    - Recorded lessons so my child can watch them later.
    - Assigned online schoolwork for my child to complete.
    - Assigned paper packets for my child to complete.
    - Assigned optional work.
    - Other (please specify).
    - None of the above.

(For those selecting "…all or almost all of their time learning online or at home (remote learning)." or "…some of their time learning in person at their school and some of it online or at home.")

Please answer the following based on your child's experience participating in remote learning.

46. My child learns most when their teacher(s): (S*elect the top two)*
    - Teach lessons online (live).
    - Record lessons so my child can watch them later.
    - Assign online schoolwork for my child to complete.
    - Assign paper packets for my child to complete.
    - Assign optional work.
    - Other (please specify).
    - None of the above.

(For those selecting "…all or almost all of their time learning online or at home (remote learning)." or "…some of their time learning in person at their school and some of it online or at home.")

47. Who is primarily assisting your child with remote learning at home? Please select the option that reflects your child's remote learning experience **most** of the time. (*Select one)*
    - Myself or another parent/guardian
    - Another adult
    - A sibling or other child
    - It changes from day to day
    - No one is typically available to assist my child
    - My child does not require assistance with remote learning

48. Please share what has been most successful about the school year so far. *(Open text)*

49. Please share what has been most challenging about the school year so far. *(Open text)*

50. Which best matches your belief about your child's experience so far this year? (*Select one)*
    - My child has learned **a lot** this year.
    - My child has learned **some** this year.
    - My child has learned **a little** this year.
    - My child has learned **nothing** this year.

51. Which best matches your belief about your child's learning?
    - My child learns **better at home** than at school.
    - My child learns **equally well** at home or at school.
    - My child learns **better at school** than at home.
    - My child has not experienced remote learning.

Communication & Expectations

Please continue to answer the following questions for your child at [School Name].

52. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, I'm not sure*)
    - I know what is expected of my child to be successful in their grade.
    - My child is completing challenging work this year.
    - My child's experiences this year will ensure they are on track for the expectations of their grade level.

53. How do you prefer to receive information about your child's schooling (e.g., changes to learning formats or safety precautions)? *(Select one)*
    - By text
    - By phone
    - By email
    - On paper – by mail or sent home with my child's schoolwork

54. Please indicate your level of agreement with the following statements. (*Strongly Agree to Strongly Disagree, N/A*)
    - I have received consistent messaging about the [district/network]'s plans this school year.
    - The information I have received is in a language I can easily understand.
    - The information I have received is too complex for me to understand. *(reverse coded)*
    - I have the information I need to support my child's learning.
    - I know what to expect if my school or [district/network] mandates a change in learning method (e.g., in-person learning moves to online learning, online learning moves to a hybrid model).
    - The [district/network] is responsive to my feedback.

55. The amount of information we have received is:
    - Too much
    - Just right
    - Not enough

56. The amount of communication from my child's teacher(s) is:
    - Too much
    - Just right
    - Not enough

If you indicated having more than one child in the [district/network], you will be asked this set of questions again. If you only have one child or have already completed this section for each of your children, you will be taken to the final questions in the survey.

Thank you for your continued feedback!

End of Survey

98. What is your school or [district/network] currently doing well to support you? (*Open text*)

99. What isn't going well? (*Open text*)

Page to Submit Responses
To submit your response, please click Submit.

If interested in surveying additional stakeholders and/or having TNTP administer the survey and create reports, please contact insight@tntp.org