

Distance Learning Access Check-In

Please use this form to share your initial experience with accessing your child's distance learning program. We will use the data to help address barriers and improve access. Completing one form for each child will provide us with the most actionable data.

* Required

Student's name *

Your answer



Parent/Guardian's email address

Your answer

Parent/Guardian's phone number

Your answer



Grade *

Pre-K

K

1

2

3

4

5



Do you have a device at home that allows your child to access their learning?

- Yes, we have our own device
- Yes, we have a school Chromebook
- No

If you answered no, please explain.

Your answer



Did your child change their Google password?

Yes

No

If you answered no, please explain.

Your answer



Was your child able to access their Google Classroom?

- Yes
- No, we tried but could not
- No, were not able to try yet

If you answered no, please explain.

Your answer




Was your child able to locate their assignments within Google Classroom?

- Yes
- No, we tried but could not find them
- No, we were not able to try yet

As we move forward with distance learning, how could we improve access for your family?

Your answer

Submit

 Never submit passwords through Google Forms.



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