

## Home Technology and Learning Support Questionnaire for Parents/Guardians

Please complete a separate form for each school your child(ren) attend.

|                  |         |                  |
|------------------|---------|------------------|
| Student Name(s): | School: | School District: |
|------------------|---------|------------------|

Dear Parents/Guardians,

As part of district disaster planning, we are making a plan to continue instruction during a pandemic influenza when schools may be required to close for up to 12 weeks. For planning purposes, we need to know what resources our families have at home for:

- Getting lessons from their teachers,
- Getting help in understanding the lessons, as needed, and
- Returning completed assignments to the teacher.

*Please note that when schools are closed it is likely that libraries will also be closed and not available as a resource for your family.*

Please check the boxes that describe the resources you have at home that could be used to continue instruction in the event that the schools must close:

Equipment:

- Television       Computer  
 Cable TV       E-mail  
 Satellite TV       Internet Camera  
 Telephone or cell phone       Fax machine

Internet Connectivity:

- DSL  
 Cable  
 Dial-up

If your child(ren) needs help with homework, will there be someone at home—a home learning helper—who can help them with work at their grade level? Your child(ren)'s home learning helpers could be a parent/guardian, older sibling, or other relative that either lives in the home or nearby. It may also be possible for a relative or friend that does not live at home to help your child over the phone, if they are able to get copies of the lessons. Please list your child(ren) and their home learning helpers below. *Note: transportation services may be limited during a pandemic.*

| Child's Name | Grade | Home Learning Helper(s) |    |
|--------------|-------|-------------------------|----|
|              |       | Yes                     | No |
|              |       |                         |    |
|              |       |                         |    |
|              |       |                         |    |

Please provide the information requested on the next page so that we can plan to meet your child(ren)'s needs while continuing instruction when schools are closed.

## Home Technology and Learning Support Questionnaire for Parents/Guardians (cont.)

|                  |         |                  |
|------------------|---------|------------------|
| Student Name(s): | School: | School District: |
|------------------|---------|------------------|

### Parent/Guardian and Home Learning Helpers Contact Information

*If possible, identify at least one home learning helper for each child in your home that attends this school.*

| Parents/Guardians/Home Learning Helpers   |                                |  |
|---|--------------------------------|--|
| Name of Parent/Guardian                   | Contact Information            | This is a Home Learning Helper for this Child (Name Student) |
|   | Phone Number                   |  |
|   | Fax Number                     |  |
|   | E-mail Address                 |  |
|   | Street Address, City, Zip Code |  |
|   |                                |  |
| <b>Name of Parent/Guardian</b>            |                                |  |
|   | Phone Number                   |  |
|   | Fax Number                     |  |
|   | E-mail Address                 |  |
|   | Street Address, City, Zip Code |  |
|   |                                |  |
| <b>Name of Other Home Learning Helper</b> |                                |  |
|   | Phone Number                   |  |
|   | Fax Number                     |  |
|   | E-mail Address                 |  |
|   | Street Address, City, Zip Code |  |
|   |                                |  |
| <b>Name of Other Home Learning Helper</b> |                                |  |
|   | Phone Number                   |  |
|   | Fax Number                     |  |
|   | E-mail Address                 |  |
|   | Street Address, City, Zip Code |  |

### Home Language Questions

Check the language your family speaks most often at home:

- English
  Spanish
  Vietnamese  
 Chinese
  Other \_\_\_\_\_  
*Please specify.*

Will your child need translation/interpreter assistance to do school work at home while schools are closed?

- yes
  no

In the event that schools are required to close during an influenza pandemic, the information you have provided will assist your child(ren)'s teacher(s) in continuing instruction during that time. Thank you!