



## Student Survey

We have provided a complete survey that you may use as-is or modify to your specific needs, situation, and interest. You may print or share electronically the editable PDF of the survey from this document with teachers, though we recommend that you create the survey digitally using an online survey tool like Survey Monkey or in Google Forms.

Details to include in the survey introduction:

- The purpose of the survey, which is not to be evaluative, but rather meant to help the district understand students' needs related to ELA and math instruction.
- That the survey is anonymous so students can feel comfortable responding candidly.
- The timeframe to reference for answering questions (likely March–June).
- That the survey is appropriate for students grades 3–5 to complete with assistance and for students grades 6–12 to complete independently.
- Date by which they need to complete the survey.

# Learning Recovery Survey

## The Purpose of This Survey:

### Section 1: Demographics

**Q1:** What grade are you in?

- ☐ Grade 3   ☐ Grade 4   ☐ Grade 5   ☐ Grade 6   ☐ Grade 7   ☐ Grade 8   ☐ Grade 9  
☐ Grade 10   ☐ Grade 11   ☐ Grade 12

### Section 2: Remote Learning Experience

**Q1:** How much did you like learning at home (select one)?

- ☐ Really Disliked It   ☐ Disliked It   ☐ It was OK   ☐ I Liked It   ☐ Really Liked It

**Q2:** What was it like to learn from home? What things did you like? What did you not like?

**Q3:** Did your teacher hold class through a live video?

- ☐ Yes   ☐ No

If yes, do you believe your teacher holding class through a live video was helpful for you (select one)?

- ☐ Very Unhelpful   ☐ Not Helpful   ☐ Somewhat Helpful   ☐ Helpful   ☐ Very helpful

**Q4:** Did learning from home have a positive impact on you as a student (select one)?

- ☐ Unsure   ☐ Strongly Disagree   ☐ Disagree   ☐ Somewhat Agree   ☐ Agree   ☐ Strongly Agree

### Section 3: Materials Used

**Q1:** What primary materials did you use for English Language Arts (ELA/reading/writing)?

Were these materials: ☐ online or ☐ books/work packets

**Q2:** What types of materials did you have access to?

- ☐ ELA/reading/writing materials (online)  
☐ ELA/reading/writing materials (books/work packets)  
☐ Math materials (online)  
☐ Math materials (books/work packets)

**Q3:** What was the main textbook you used for English Language Arts (ELA/reading/writing)?

**Q4:** What was the main textbook you used for Math?

## Section 4: ELA and Math Instruction

### ELA Instruction

**Q1:** How often did you do ELA (reading/writing) assignments (select one)?

- ☐ Never   ☐ 1x Week   ☐ 2x Week   ☐ 3x Week   ☐ 4x Week   ☐ Daily

**Q2:** How well do you think you did with your ELA (reading/writing) assignments (select one)?

- ☐ Very Poorly   ☐ Poorly   ☐ OK   ☐ Well   ☐ Really Well

**Q3:** How hard were your ELA (reading/writing) assignments (select one)?

- ☐ Harder than Usual   ☐ Hard   ☐ Somewhat Easy   ☐ Easy   ☐ Easier than Usual

**Q4:** When your ELA assignments were too hard, how did teachers help you?

- ☐ I could finish the assignments without help.  
☐ My teacher helped me finish the work.  
☐ My teacher gave me easier work.

**Q5:** By your best guess, how much time did you spend working on ELA (reading/writing) each week (select one)?

- ☐ Less than 1 Hour   ☐ 1-2 Hours   ☐ 3-4 Hours   ☐ 5-6 Hours   ☐ 7-8 Hours

**To what extent do you agree with each of the following statements?**

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
<b>Q6:</b> I understood the goal of my ELA (reading/writing) assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q7:</b> I knew where to access my ELA (reading/writing) assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q8:</b> I knew how to get in touch with my ELA (reading/writing) teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9:</b> If I needed help, my ELA (reading/writing) teacher helped me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Math Instruction****Q10:** How often did you do math assignments (select one)?
☐ Never   ☐ 1x Week   ☐ 2x Week   ☐ 3x Week   ☐ 4x Week   ☐ Daily
**Q11:** How well do you think you did with your math assignments (select one)?
☐ Very Poorly   ☐ Poorly   ☐ OK   ☐ Well   ☐ Really Well
**Q12:** How hard were your math assignments (select one)?
☐ Harder than Usual   ☐ Hard   ☐ Somewhat Easy   ☐ Easy   ☐ Easier than Usual
**Q13:** When your math assignments were too hard, how did teachers help you?

- ☐ I could finish the assignments without help.
- ☐ My teacher helped me finish the work.
- ☐ My teacher gave me easier work.

**Q14:** By your best guess, how much time did you spend working on math each week?
☐ Less than 1 Hour   ☐ 1-2 Hours   ☐ 3-4 Hours   ☐ 5-6 Hours   ☐ 7-8 Hours
**To what extent do you agree with each of the following statements?**

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
<b>Q15:</b> I understood the goal of my math assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q16:</b> I knew where to access my math assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q17:</b> I knew how to get in touch with my math teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q18:</b> If I needed help, my math teacher helped me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Instructional Support****Q19:** How often did you have one-on-one check-ins with your teacher(s) (select one)?
☐ Never   ☐ 1x Week   ☐ 2x Week   ☐ 3x Week   ☐ 4x Week   ☐ Daily

 How did you check in with your teacher? ☐ Email   ☐ Video Call   ☐ Phone Call   ☐ Text Message
**Q20:** If you used special technology or supports to help you do your work at school, did you have access to those at home?
☐ Yes   ☐ No
**Q21:** If you got extra support from teachers in school, did you have access to those teachers at home?
☐ Yes   ☐ No
**Q22:** Did you understand the work that was sent home for you?
☐ Yes   ☐ No   ☐ Sometimes
**Q23:** Did you meet with a teacher for extra help with reading or math?
☐ Yes   ☐ No

How often did you meet with this teacher (select one)?

☐ Never   ☐ 1x Week   ☐ 2x Week   ☐ 3x Week   ☐ 4x Week   ☐ Daily
**Q24:** Anything else you'd like to share?

### Section 5: Accessibility of Instruction

**Q1:** Were you happy with the teaching you got while learning from home (select one)?

☐ Very Unhappy   ☐ Unhappy   ☐ Somewhat Happy   ☐ Happy   ☐ Very Happy

	Never	Rarely	Sometimes	Often	Always
<b>Q2:</b> Did your teachers use many different ways to see if you understood what you were working on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q3:</b> Did you feel like your teacher or other adults from your school cared about you while you were learning from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q4:</b> Did your teacher or other adults in your school talk, message, or email with your family while you were learning from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q5:</b> Did you feel your teacher's lessons helped all students, both those who understood things quickly and those who needed extra time and help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q6:</b> Did you feel your teacher's lessons helped students of all cultural backgrounds learn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q7:</b> Did you feel your teacher's lessons helped students who speak languages other than English learn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q8:</b> Did you feel that your teacher gave you enough feedback on your assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Q9:</b> Did your teacher ask you how to make learning from home easier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 6: Access to Online Learning Systems**

**Q1:** Did your school provide you with any of the following?

- ☐ Computer
- ☐ Tablet
- ☐ Internet hotspot (or other internet access)
- ☐ Access to online learning systems
- ☐ Books
- ☐ Printed work packets
- ☐ My school did not provide me with materials

**Q2:** Did any of these things make it difficult to do your schoolwork from home?

- ☐ I didn't have a place to do my work without interruptions.
- ☐ I didn't have time to do my work and/or had other responsibilities.
- ☐ I didn't have access to the internet.
- ☐ I didn't have a device for completing work (computer, tablet, etc.).
- ☐ I didn't have access to learning materials (hard copy and/or online).
- ☐ I didn't know what to do for assignments or lessons.
- ☐ I was unable to get help when I needed it to complete some assignments.
- ☐ N/A – I didn't have any problems doing my work from home.