



Student Electronic Survey

NAME	PROGRAM	GRADE	HOME DISTRICT

Student Phone Number: _____

Student Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

PLEASE CHECK ONE:

Which type of internet access do you have at home?

DSL/Cable Hotspot/Cell phone No home internet access

Which of the following do you have access to at home if we need to go online (mark all that apply):

Computer/Laptop/Tablet Smartphone No device

Will you have total access to a device, other than a Smartphone, throughout our school day if we go remote?

Yes No, I need to share the device with a parent/sibling(s)

Do you have access to a printer at home? Yes No