



2020 Fall Planning Survey

Thank you for participating in the Minnesota School Fall Planning Survey for the 2020-21 school year.

The Minnesota Department of Education wants to know how distance learning worked for you or your family in the spring of 2020. We want to know what went well and what schools should do differently if they use distance learning again in the future. This information will be shared with schools through guidance created by MDE.

This survey is for parents and families of Minnesota students.

We look forward to hearing from you.

1. How would you rate your distance learning experience? (Required)
 - a. Very Good
 - b. Good
 - c. Same as in-person learning
 - d. Bad
 - e. Very Bad
2. What went well during the distance learning period? (Optional)
 - a. Good communication from your student(s) school(s)
 - b. Good communication from your student(s) teacher(s)
 - c. Easy to understand lessons
 - d. Access to internet
 - e. Access to technology
 - f. Student(s) had adult support
 - g. Student(s) had a place to work
 - h. Student(s) felt empowered to learn on their own
 - i. Student(s) received more support
 - j. Student(s) received more one-on-one attention
 - k. Student(s) mental health improved
 - l. Student(s) physical health improved
3. What was challenging during the distance learning period? (Optional)
 - a. Not enough communication from your student(s) school(s)
 - b. Not enough communication from your student(s) teacher(s)
 - c. Hard to understand lessons
 - d. Too much school work
 - e. Not enough school work
 - f. Little or no access to internet
 - g. Little or no access to technology
 - h. Student(s) didn't have adult support

- i. Student(s) didn't have a place to work
 - j. Student(s) didn't feel empowered to work on their own
 - k. Language barrier
 - l. Student(s) experiencing new mental health challenges due to the COVID-19 pandemic
 - m. Students(s) experiencing pre-existing mental health challenges
 - n. Students(s) experiencing physical health challenges
4. Would you feel comfortable sending your student(s) back to a classroom this fall? (Required)
- a. Yes
 - b. No
 - c. Unsure
5. If yes, would you send your student(s) back to a classroom: (Optional)
- a. Full-time
 - b. Part-time
6. If no, why not? (Optional)
- a. Distance learning went well for my student(s).
 - b. My student(s) or family members are medically fragile.
 - c. I'm concerned about public health.
 - d. Other:
7. If maybe, what would make you feel comfortable sending your child back to school? (Optional)
- a. Decrease in the number of COVID-19 cases in my area
 - b. Smaller class sizes
 - c. Daily health checks: taking temperatures and screening for symptoms upon arrival
 - d. Daily cleaning of surfaces (Doorknobs and handles, stair rails, classroom furniture, light switches, handles on equip, push buttons, shared toys and computers, bus seats and handrails)
 - e. Other:
8. What do you want us to know about your family's distance learning experience? (Optional)

9. What is your racial, ethnic, or Indigenous identity? Check all that apply. (Required)

- a. American Indian or Alaska Native
- b. American Indian from South or Central America
- c. Asian
- d. Black or African American
- e. Latinx/Hispanic
- f. Middle Eastern or North African
- g. Native Hawaiian or Pacific Islander
- h. White-European
- i. Prefer not to say
- j. Other:

10. What is your sex/gender? Check all that apply. (Required)

- a. Man
- b. Woman
- c. Transgender
- d. Cisgender
- e. Gender Queer
- f. Non-Binary
- g. Prefer not to say
- h. Other

11. Share other identities that are important to you, such as religion, disabilities, sexual orientation, age, socio-economic status, immigration status, etc. (Optional)

12. Zip Code (Optional)