



2021 YRDSB Family Survey

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Thank you for completing this survey. Your voice is important to us. The purpose of this survey is to collect feedback from families about experiences of learning during this school year (in-person and virtual). This feedback will be used to inform programs and strategies that help to ensure safe, inclusive, and respectful school environments that support student achievement and well-being.

Survey questions ask about topics related to: remote learning; learning technology and tools; student engagement; safety, discrimination and bullying; mental health and well-being; and equity and inclusive learning environments. We also ask questions about students' identities (e.g., race, gender) in order to understand how learning experiences may differ among groups of students, and to promote a safe and inclusive school climate for all students.

The survey is **anonymous** and **confidential** so no one will know your individual responses to the questions. The survey is **voluntary** and you may skip any questions that you do not want to answer. **Please do not write your name on this survey.** The information you share will only be accessible by staff in YRDSB's Research and Assessment Services Department.

When you are answering the questions, please think about you and your child's experiences during **this school year**. This survey will take about **15 to 20 minutes** to complete. Please complete the questionnaire by **June 18, 2021**. Survey results will be shared in the form of a summary report and will be available in the late Fall through your child's school principal.

If you have more than one child, please choose only one child when answering these questions. You may choose to complete one survey for each child.

If you have any questions or concerns, please contact Shawn Bredin, Superintendent, Research, Assessment and Evaluation Services at research.services@yrdsb.ca, (905) 727-0022 ext. 4355 or 300 Harry Walker Parkway South, Newmarket, Ontario L3Y 8E2.

Data Collection Notification

This information is collected for educational purposes only under the authority of the Anti-Racism Act, 2017, S.O. 2017, c. 15, and section 169.1 (1)(2.1) of the Education Act, R.S.O. 1990, c. E. 2 (as amended). The information will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56 (as amended).

When the word “school” appears in a question this refers to all learning spaces including all virtual learning environments.

Part A: General Questions

1. Which school model has your child mostly attended this school year?

- ☐ Elementary Face-to-Face Learning Model (F2F)
- ☐ Elementary Virtual School (EVS, online learning)
- ☐ Elementary Community Class Blended Model (Partially Integrated Special Education Classroom)
- ☐ Secondary Adaptive Model
- ☐ Secondary Virtual School (SVS, online learning)

2. Which school did your child mostly attend this year? (If your child switched schools or school models since September, please indicate the school they attended most of the school year). A list of schools will be provided in a dropdown menu.

- ☐ Elementary Virtual School (EVS, online learning)
- ☐ Secondary Virtual School (SVS, online learning)
- ☐ Elementary Community Class Blended model (Partially Integrated Special Education Classroom)
- ☐ Adrienne Clarkson Public School
- ☐ Aldergrove Public School
- ☐ Etc.

3. What grade is your child currently enrolled in?

- ☐ JK
- ☐ SK
- ☐ Grade 1
- ☐ Grade 2
- ☐ Grade 3
- ☐ Grade 4
- ☐ Grade 5
- ☐ Grade 6
- ☐ Grade 7
- ☐ Grade 8
- ☐ Grade 9
- ☐ Grade 10
- ☐ Grade 11
- ☐ Grade 12
- ☐ 12+ in a community class (e.g., more than 4 years in a community class)
- ☐ 12+ not in a community class (e.g., completing additional years of secondary school)

Part B: Remote Learning, Technology, and Learning Tools

1. Has your child had reliable internet at home this school year (e.g., it does not freeze, lag, or disconnect and you do not experience power outages)?
 - ☐ Yes, my child has internet and it is always reliable
 - ☐ Yes, my child has internet and it is mostly reliable
 - ☐ Yes, my child has internet but it is not reliable
 - ☐ No, my child has not had internet at home
2. Does your child have access to an electronic device (e.g., a computer, laptop, Chromebook, Assistive Technology, electronic refreshable braille device, hearing receiver) to complete their schoolwork?
 - ☐ Yes - My child has their own device
 - ☐ Yes - My child has a device that is borrowed from the school
 - ☐ Sometimes - My child shares a device owned by our family
 - ☐ Sometimes - My child shares a device with our family borrowed from the school
 - ☐ No - My child does not have a device available for schoolwork
3. How comfortable is your child with using devices for virtual learning on their own (e.g., a computer, laptop, Chromebook, Assistive Technology, electronic refreshable braille device, hearing receiver)?
 - ☐ Very comfortable
 - ☐ Comfortable
 - ☐ Not comfortable
 - ☐ Not sure
4. What best describes your child's level of comfort with using virtual learning tools on their own (e.g., Google Classroom, video calls, Jamboard, Kahoot)?
 - ☐ Very comfortable
 - ☐ Comfortable
 - ☐ Not comfortable
 - ☐ Not sure
5. How often did your child need your support with schoolwork during remote learning?
 - ☐ All the time
 - ☐ Often
 - ☐ Sometimes
 - ☐ Never
 - ☐ Not sure
6. How comfortable were you to support your child with virtual learning?
 - ☐ Very comfortable
 - ☐ Comfortable
 - ☐ Not comfortable
 - ☐ Not sure

7. Think about your child's experiences with learning from home this year and select the option that best applies to your child:

Options	Strongly agree	Agree	Disagree	Strongly Disagree	Not sure
a. My child was able to focus and concentrate on their schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There was someone at home to help my child if they needed it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child was able to manage their time to complete assignments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My child was able to stay motivated in their classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My child shared ideas and answered questions during online class discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall, online learning worked for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Engagement and Learning

1. Overall, during this school year, how do you feel about the amount of:

Options	The amount is too much	The amount is just right	The amount is too little	Not sure
a. Schoolwork in your child's classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Homework that is assigned to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Overall, how do you feel about the pace of instruction in your child's class(es) (e.g., how much course material is being covered at a time)?

- ☐ The pace is too fast; my child cannot keep up with their classes
- ☐ The pace is just right; my child can keep up with their classes
- ☐ The pace is too slow; my child is having trouble staying engaged in their in their classes
- ☐ Not sure

3. The instruction my child receives is relevant and has real-life connections.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not sure

4. My child reports that they have opportunities to:

Options	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a. Set goals for their learning and follow through on those goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assess their learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Show what they have learned in a variety of ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Learn from their mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Give and receive feedback on their schoolwork with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Share their thoughts about how they learn best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use feedback to improve their work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part D: Mental Health and Well-being

1. During this school year, how often did your child feel:

Options	All the time	Often	Sometimes	Rarely	Never	Not sure
a. Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nervous or anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Positive about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Good about themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Like they matter to people at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Socially isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Like they are running out of time so that they are not able to do anything fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Like they are pushed to do too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please think about your child's experiences this school year when responding to the following statements:

Options	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a. Adults at this school care about my child's well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is at least one caring adult at my child's school who supports them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If my child needed support(s) related to mental health, I would know how to get help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part E: Safety, Discrimination and Bullying

Feeling safe means feeling comfortable, relaxed, having identities valued, and not worried that someone could harm their body, hurt their feelings, or damage their belongings.

1. My child **feels safe** at this school.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not sure

Bullying is a form of repeated, persistent and aggressive behaviour that causes (or should be known to cause) fear and/or harm to another person's body, feelings, self-esteem or reputation. Bullying occurs in a context where there is a real or perceived power imbalance.

Cyberbullying involves the use of electronic devices or the Internet to threaten, embarrass, socially exclude, and harass. Cyberbullying can occur through texting, email, chats, websites, instant messaging, cell phones and through the use of pictures/video clips.

Racism is when people are treated negatively based on their race. Racial jokes and slurs or hate crimes are examples.

Discrimination is being treated negatively because of your gender identity, racial background, ethnic origin, religion or spirituality, socio-economic background, special education needs, sexual orientation, or other factors.

Harassment is engaging in ongoing provoking comments or actions which are known to (or should be known to) be unwelcome and unwanted.

2. Since the start of this school year, how often has your child experienced:

Options	All the time	Often	Sometimes	Rarely	Never
a. Bullying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cyberbullying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Racism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Discrimination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Harassment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. My child knows how to report:

Options	Yes	No	Not sure
a. If bullying happens at their school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If cyberbullying happens at their school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If racism happens at their school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If discrimination happens at their school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If harassment happens at their school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I am satisfied with the steps this school has taken to:

Options	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a. Prevent bullying among students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Address incidents of bullying among students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Prevent racism and discrimination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Address incidents of racism and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. There is an adult at this school that my child would feel comfortable speaking to:

Options	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a. If they or someone else was bullied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If they or someone else was being harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If they or someone else was experiencing discrimination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If they or someone else was experiencing racism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If they or someone else was feeling unsafe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If they or someone else was feeling sad, anxious, hopeless, stressed, angry or overwhelmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. My child is learning about appropriate online behaviour at their school (e.g., appropriate use of social media, cyberbullying/harassment awareness).

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not sure

Part F: Equity and Inclusive Learning Environments

1. Please think about your child's experiences this school year when responding to the following statements:

Options	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a. My child's school is a welcoming place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My child feels like they belong at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My child is treated with respect at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. School rules are applied to my child in a fair way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social justice refers to equal treatment and equal opportunities for all people without discrimination.

2. At school, my child is encouraged to think or learn about human rights/**social justice** issues related to:

Options	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a. Indigenous peoples of Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ethnicity and culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please indicate the barriers that you feel get in the way of your child's learning and well-being at school (please select all that apply):

- ☐ I do not feel there are barriers that get in the way of my child's learning and well-being at school.
- ☐ Anti-Indigenous racism
- ☐ Ableism (special education needs or disability)
- ☐ Anti-Asian racism
- ☐ Anti-Black racism
- ☐ Antisemitism (anti-Jewish racism)
- ☐ Classism (poverty)
- ☐ Homophobia

- ☐ Islamophobia (anti-Muslim racism)
- ☐ Sexism
- ☐ Transphobia
- ☐ Another reason (please explain):

Part G: Family/School Communication and Engagement

1. How helpful has communication from your child's school been this year (e.g., newsletters, school website, email updates)?
 - ☐ Not at all helpful
 - ☐ Slightly helpful
 - ☐ Somewhat helpful
 - ☐ Quite helpful
 - ☐ Extremely helpful
 - ☐ Not sure
 - ☐ I prefer not to answer
2. I am able to communicate with my child's teacher(s) when I need to (e.g., talk to, ask questions and get support).
 - ☐ All the time
 - ☐ Often
 - ☐ Sometimes
 - ☐ Never
 - ☐ Not sure
3. The school recognizes me as a partner in my child's learning and well-being (e.g., provides opportunities for families to engage in child's learning together, sees me as an expert of my child's abilities and interests).
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Disagree
 - ☐ Strongly disagree
 - ☐ Not sure

Part H: About My Child

Race is a social construct that groups people on the basis of perceived common ancestry and characteristics and affects how some people are perceived and treated. Race is often confused with ethnicity (a group of people who share a particular cultural heritage or background); there may be several ethnic groups within a racialized group.

In our society, people are often described by their race or racial background. For example, some people are considered "White" or "Black" or "East Asian" or "Southeast Asian", etc.

1. Which **race** category best describes your child? (Please select all that apply)
 - ☐ Black (e.g., African, Afro-Caribbean, African-Canadian descent)
 - ☐ East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent)
 - ☐ Indigenous to Canada (e.g., First Nations, Métis, Inuit)
 - ☐ Latino/Latina/Latinx (e.g., Mexican, Peruvian, Colombian, Ecuadorian)

- ☐ Middle Eastern (e.g., Arab, Persian/Iranian, Afghan, Egyptian, Lebanese, Turkish, Kurdish)
- ☐ South Asian (e.g., East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)
- ☐ Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, Malaysian)
- ☐ White (e.g., British, Italian, German, Russian, French)
- ☐ A race or racial background not listed above
- ☐ Not sure
- ☐ I do not understand this question
- ☐ I prefer not to answer

2. If your child is Indigenous to Canada, please select all that apply:

- ☐ First Nation
- ☐ Métis
- ☐ Inuit
- ☐ Not applicable – my child is not Indigenous to Canada
- ☐ I prefer not to answer

Gender identity is a person's internal and deeply felt sense of being a man, a woman, both, neither, or having another identity on the gender spectrum. A person's gender identity may be different from the sex assigned at birth (e.g., female or male).

3. What is your child's **gender identity**? (Please select all that apply)

- ☐ Woman/Girl
- ☐ Man/Boy
- ☐ Gender Fluid (Refers to a person whose gender identity or expression changes or shifts along the gender spectrum)
- ☐ Gender Nonconforming (Not being in line with the cultural associations made in a given society about a person's sex assigned at birth)
- ☐ Non-Binary (Refers to a person whose gender identity does not align with the binary concept of gender such as man or woman)
- ☐ Questioning (Refers to a person who is unsure about their own gender identity)
- ☐ Transgender (Refers to a person whose gender identity differs from the one associated with their birth-assigned sex)
- ☐ Two-Spirit (An Indigenous person whose gender identity, spiritual identity or sexual orientation includes masculine, feminine, or non-binary spirits)
- ☐ A gender identity not listed above (please specify):
- ☐ Not sure
- ☐ I do not understand this question
- ☐ I prefer not to answer

4. a) Was your child born in Canada?

- ☐ Yes (*Go to question 5a*)
- ☐ No
- ☐ I prefer not to answer (*Go to question 5a*)

4. b) If your child was not born in Canada, how long has your child lived in Canada?

- ☐ Less than 1 year
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years

- ☐ 4 years
- ☐ 5 years
- ☐ 6 years
- ☐ 7 years
- ☐ 8 years
- ☐ 9 or more years
- ☐ Not sure
- ☐ I prefer not to answer

5. a) Were you born in Canada?

- ☐ Yes - (Go to question 6)
- ☐ No
- ☐ I prefer not to answer (Go to question 6)

5. b) If you were not born in Canada, how long have you lived in Canada?

- ☐ Less than 1 year
- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5 years
- ☐ 6 years
- ☐ 7 years
- ☐ 8 years
- ☐ 9 or more years
- ☐ Not sure
- ☐ I prefer not to answer

6. Is your child learning English as a second or additional language (i.e., English Language Learner)?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I prefer not to answer

7. If your child received support for English as a Second Language (ESL) or English Literacy Development (ELD), to what extent did it help them with their learning?

- ☐ Not at all helpful
- ☐ Slightly helpful
- ☐ Somewhat helpful
- ☐ Quite helpful
- ☐ Extremely helpful
- ☐ Not sure
- ☐ I prefer not to answer

8. If your child is receiving special education programming this year (e.g., accommodations, IEP), does it support their strengths, needs, and interests?

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ I do not understand the question
- ☐ I prefer not to answer

Thank you for your participation!