



Home Wifi and Device Access Questionnaire September 2020

Please could you complete this questionnaire and return to your child's class teacher via email or through the office by paper.

| | YES | NO |
|---|-----|----|
| 1. My child has a quiet area at home where they can focus on school work. | | |
| 2. My child has access to a computer or tablet at home to do school work. | | |
| 3. My child has access to a WiFi connection that's fast enough to stream videos | | |
| 4. My child knows how to stay safe online | | |
| 5. I'm feeling confident about helping my child to learn at home. (If not, please provide details below) | | |
| Why do you feel confident or not confident in helping your child at home? | | |
| 6. How can our school provide you with more support for home learning? | | |
| 7. What are we doing well? | | |
| 8. Do you have any other comments? | | |