



# Digital Equity Data Questionnaire

Please help us with required data collection by answering the questions below for each of your students.

Please check each box that applies for each section

**Digital Device-** What device does your student most often use to complete schoolwork at home?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Chromebook       | <input type="checkbox"/> Smartphone   |
| <input type="checkbox"/> Desktop Computer | <input type="checkbox"/> None         |
| <input type="checkbox"/> Tablet           | <input type="checkbox"/> Other: _____ |

**Device Access**

- |   |   |
|---|---|
| <input type="checkbox"/> Is the primary learning device a personal device?        | <input type="checkbox"/> Is the primary learning device shared with anyone else in the household? |
| <input type="checkbox"/> Is the primary learning device a school-provided device? |   |

**Internet Access in Residence-** Can your student access the internet on their primary learning device at home?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Internet Access Type-** What is the primary type of internet service used at home?

- |                                |                                    |  |
|--------------------------------|------------------------------------|--|
| <input type="checkbox"/> Fiber | <input type="checkbox"/> Microwave | <input type="checkbox"/> Personal Hotspot (Smartphone) |
| <input type="checkbox"/> DSL   | <input type="checkbox"/> Satellite | <input type="checkbox"/> School Provided Hotspot       |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Dial Up   | <input type="checkbox"/> None                          |
|                                | <input type="checkbox"/> Unknown   | <input type="checkbox"/> Other: _____                  |

**Internet Performance-** Can your student stream a video on their primary Learning Device without interruption?

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes, with no issues                 | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, but without consistent quality |                             |

We appreciate you answering the questions to our survey. It helps with funding for our school and necessary data collection. Thank you for helping us out!

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_