

# Brown County Schools K-12: Home Internet Access Survey

**Today's Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Student's First/Last Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Student's Home/Street Address:** \_\_\_\_\_

**City Name:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Family Member Completing Form:**

**First/Last Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Survey Questions		Response Options (☒)
<b>Digital Device Type</b>	<b>What is the primary learning device the student most often uses to complete school work at home?</b>	<input type="checkbox"/> <b>Chromebook</b> <input type="checkbox"/> <b>Desktop computer</b> <input type="checkbox"/> <b>Laptop computer</b> <input type="checkbox"/> <b>iPad</b> <input type="checkbox"/> <b>Other tablet</b> <input type="checkbox"/> <b>Smartphone</b> <input type="checkbox"/> <b>No device available</b>
<b>Device Access Source</b>	<b>Is the primary learning device a personal device or school-provided?</b>	<input type="checkbox"/> <b>Personal</b> <input type="checkbox"/> <b>School-provided</b>
<b>Device Utilization</b>	<b>Is the primary learning device shared with anyone else in the household?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Internet Access in Residence</b>	<b>Can the student access the Internet on their primary learning device at home?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Internet Access Type in Residence</b>	<b>What is the primary type of internet service used at the residence?</b>	<input type="checkbox"/> <b>Residential Broadband (e.g. DSL, Cable, Fiber)</b> <input type="checkbox"/> <b>Cellular Network</b> <input type="checkbox"/> <b>School-provided hotspot</b> <input type="checkbox"/> <b>Satellite</b> <input type="checkbox"/> <b>Dial-up</b> <input type="checkbox"/> <b>Don't know</b>
<b>Internet Performance</b>	<b>Can the student stream a video on their primary learning device without interruption?</b>	<input type="checkbox"/> <b>Yes, with no issues</b> <input type="checkbox"/> <b>Yes, but inconsistent quality</b> <input type="checkbox"/> <b>No</b>