Evaluation of Technology- Based learning - Parents Survey

1. *

Student's age

* 2.

Parent's age

* 3.

Student's gender

- male
- female

* 4.

Parent's gender

- male
- female

* 5.

Country of residence

* 6.

Name of the faculty

* 7.

Type of the faculty

- Public
- Private

* 8. Evaluation of homeschooling

	- Agree	Neither agree/nor disagree	- Disagree
Do you think your child is interested in this homeschooling style?	○	○	○
Do you think your child can interact with teachers and classmates during online classes?	○	○	○
Do you think your child can focus on learning during online classes?	○	○	○
Do you think your child requires monitoring when taking the online classes?	○	○	○
Do you think your childfeels fatigue/sleepiness during the online classes?	○	○	○
Do you think your child feels back pains during online classes?	○	○	○

* 9.

How long is your child's screen time every day?

- ○ less than one hour daily
- ○ one to three hours daily
- ○ more than three hours daily

* 10.

How long is your child's outdoor activity time every day?

- None
- Less than 1 hour daily
- one to two hours daily
- more than two hours daily

* 11. How long your child sleeps every day?

- less than 7 hours
- nine to ten hours
- seven to eight hours
- more than ten hours

* 12.

Are you concerned about your child's eyesight taking online classes?

- yes
- no

* 13.

Which schooling style do you prefer?

- Homeschooling with online classes
- Classroom based schooling
- Study at home by themselves
- Blended (traditional + online)

Others (please specify)

14.

Additional comments