** Blended Learning Questionnaire for parents/carers**

Child(ren’s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have Wi-Fi access at home? Yes ( ) No ( )

Does your child have access to a tablet/computer? Yes ( ) No ( )

If you have more than 1 child at nursery do you have more than one tablet/computer?

 Yes ( ) No ( )

Do you have access to a printer? Yes ( ) No ( )

**Would you prefer…? (tick as appropriate)**

Printed activity sheets ( )

Online games ( )

Links to printable activities ( )

Videos/Images of nursery activities ( )

Links to online videos/song clips ( )

Easy to follow recipes ( )

Zoom video group calls with teachers (doing story time/song time) ( )

Or…

I’d rather not have access to any blended learning at home ( )

Thank you for your time, please return this to nursery ASAP.