

D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING

D1. How does your child go to school? Choose all that applies.

- ☐ walking ☐ public commute (land/ water) ☐ family-owned vehicle ☐ school service

D2. How many of your household members (including the enrollee) are studying in School Year 2020-2021? Please specify each.

- Kinder _____ Grade 4 _____ Grade 8 _____ Grade 12 _____
 Grade 1 _____ Grade 5 _____ Grade 9 _____ Others _____
 Grade 2 _____ Grade 6 _____ Grade 10 _____ (ie college, vocational, etc)
 Grade 3 _____ Grade 7 _____ Grade 11 _____

D3. Who among the household members can provide instructional support to the child's distance learning? Choose all that applies.

- ☐ parents/ guardians ☐ others (tutor, house helper)
☐ elder siblings ☐ none
☐ grandparents ☐ able to do independent learning
☐ extended members of the family

D4. What devices are available at home that the learner can use for learning? Check all that applies.

- ☐ cable TV ☐ radio
☐ non-cable TV ☐ desktop computer
☐ basic cellphone ☐ laptop
☐ smartphone ☐ none
☐ tablet ☐ others: _____

D5. Do you have a way to connect to the internet?

- ☐ Yes
☐ No
 (If NO, proceed to D7)

D6. How do you connect to the internet? Choose all that applies.

- ☐ own mobile data
☐ own broadband internet (DSL, wireless fiber, satellite)
☐ computer shop
☐ other places outside the home with internet connection (library, barangay/ municipal hall, neighbor, relatives)
☐ none

D7. What distance learning modality/ies do you prefer for your child? Choose all that applies.

- ☐ online learning ☐ modular learning
☐ television ☐ combination of face to face with other modalities
☐ radio ☐ others: _____

D8. What are the challenges that may affect your child's learning process through distance education? Choose all that applies.

- ☐ lack of available gadgets/ equipment ☐ conflict with other activities (i.e., house chores)
☐ insufficient load/ data allowance ☐ high electrical consumption
☐ unstable mobile/ internet connection ☐ distractions (i.e., social media, noise from community/neighbor)
☐ existing health condition/s ☐ others: _____
☐ difficulty in independent learning

I hereby certify that the above information given are true and correct to the best of my knowledge and I allow the Department of Education to use my child's details to create and/or update his/her learner profile in the Learner Information System. The information herein shall be treated as confidential in compliance with the Data Privacy Act of 2012.

Signature Over Printed Name of Parent/Guardian

Date

For use of DepEd Personnel Only. To be filled up by the Class Adviser.

DATE OF FIRST ATTENDANCE
 (Month/Day/Year)

/ /

Grade Level

Track (for SHS)

