

STUDENT: _____

E-LEARNING: COMMUNICATION PREFERENCES

MY CONCERNS RELATED TO E-LEARNING:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> BEHAVIOR | <input type="checkbox"/> LEARNING |
| <input type="checkbox"/> ANXIETY | <input type="checkbox"/> HEALTH |
| <input type="checkbox"/> COMMUNICATION | <input type="checkbox"/> OTHER: |

IDEALLY, I WOULD LIKE TO COMMUNICATE WITH MY CHILD'S EDUCATOR/S ABOUT THESE ISSUES:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> DAILY | <input type="checkbox"/> AS NEEDED |
| <input type="checkbox"/> 1-2 X EACH WEEK | |

I PREFER TO COMMUNICATE VIA:

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> PHONE: | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> E-MAIL: | |

I WANT MY CHILD'S TEACHING TEAM TO PHONE OR COMMUNICATE DIRECTLY WITH MY CHILD ON A REGULAR BASIS:

- YES NO

I PREFER MY CHILD TO COMMUNICATE VIA:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> PHONE: | <input type="checkbox"/> SKYPE / FACETIME |
| <input type="checkbox"/> E-MAIL: | <input type="checkbox"/> OTHER: |

