



DEPARTMENT OF EDUCATION OFFICE OF THE SUPERINTENDENT

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Parent Perception Survey *English*

Please fill out this survey for each school your children attend.

1. What grade level is your child?

2. What school does your child attend?

3. How likely do you think it is that you or your family will get Covid-19 in your community?

- Very low
- Low
- Medium
- High
- Very High
- I don't know

4. How likely do you think it is that your child will get Covid-19 at school?

- Very Low
- Low
- Medium
- High
- Very High
- I don't know

5. How familiar is your child with the safety and health protocols for Covid-19 prevention such as wearing a mask, physical distancing, and washing hands?

- Very Familiar
- Familiar
- Somewhat Familiar
- Not Familiar

6. How comfortable is your child in returning to school for face-to-face learning?

- Very Comfortable
- Comfortable
- Somewhat Comfortable
- Uncomfortable
- Very Uncomfortable

7. Are you comfortable with GDOE's preparation for face-to-face learning?

- Very Comfortable
- Comfortable
- Somewhat Comfortable
- Uncomfortable
- Very Uncomfortable

8. If GDOE reopens in January, will you send your child to school for face-to-face classes?

- Yes
- No

9. If you chose not to send your child to face-to-face classes in January, why not?
