

How Was the Time at Home for You?



1. At the beginning of term 3, when you knew we weren't going back to school how did you feel? Tick the box beside each feeling that is most true for you. Make sure every feeling has a tick beside it.

sad	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
relieved	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
happy	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
angry	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
upset	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
worried	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
anxious	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
excited	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
frustrated	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
annoyed	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
resigned	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
accepting	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
other	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>

2. As time went on did your feelings change? How? Did you have new feelings that you didn't have at the beginning? What were they?

3. How did you feel about continuing remote learning into the beginning of term 4? Tick the box beside each feeling that is most true for you. Make sure every feeling has a tick beside it.

sad	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
relieved	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
happy	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
angry	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
upset	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
worried	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
anxious	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
excited	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
frustrated	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
annoyed	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
resigned	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
accepting	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
other	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>

- 4.. List 3 things that you enjoyed most about being at home during the time of remote learning.

1. _____
2. _____
3. _____
add more things if you like _____

5. List 3 things that you found most difficult or challenging about being at home during the time of remote learning.

1. _____
2. _____
3. _____

6. List 3 things that you missed most during this time.

1. _____
2. _____

3. _____

Add more things if you like _____

7. How do you feel about returning to school soon? Tick the box beside each feeling that is most true for you. Make sure every feeling has a tick beside it.

sad	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
relieved	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
happy	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
angry	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
upset	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
worried	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
anxious	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
excited	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
frustrated	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
annoyed	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
resigned	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
accepting	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>
other	mostly <input type="checkbox"/>	not at all <input type="checkbox"/>	slightly <input type="checkbox"/>

8. What have you learned during this time? What have you learned about yourself,

others

the world

9. If there was a big life lesson you have learned during this time, what would it be?

10. Is there anything else you would like to add?

