

Default Question Block

Introduction.

This survey aims to collect data about teachers' use of Google Classroom and Google Suites in the classroom to inform training design. The survey is anonymous so please be open and honest with your questions. Your answers are important for us to make an online training for Google Classroom/Google Suite. Thanks for your cooperation and time.

Q1. How many **total** years have you taught K-12? The years do not have to be consecutive. Please select the **total** amount from below.

- ☐ This is my first year teaching.
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ More than 5 years

Q2. How many years have you worked as a teacher at your current school? Please select the number of years from below.

- ☐ This is my first year teaching at this school.
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ More than 5 years

Q3. What grade level and subject(s) do you teach? Please select what grade level you teach and then type the subject(s) you teach in the box below. Select and complete all that apply.

☐ Elementary School

☐ Middle School

☐ High School

Q4. What learning management systems *other than* Google Classroom have used before? Please select all that apply.

☐ Blackboard

☐ Moodle

☐ Canvas

☐ Brightspace

☐ Schoology

☐ Edmodo

Q5. How often do you use Google Classroom ***per week***? Please select the answer that best describes your usage.

☐ Never

☐ Sometimes

☐ About half the time

☐ Most of the time

☐ Every day

Q6. How often do you use **any** program from Google Suites ***per week***? Please select the answer that best describes your usage.

☐ Never

☐ Sometimes

☐ About half the time

☐ Most of the time

☐ Every day

Q7. Please select the answer that best describes your feelings about the statement below.

I am confident in my ability to use **Google Classroom**.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

Q8. Please select the answer that best describes your feelings about the statement regarding your level of confidence in using each of these programs from **Google Suite**.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am confident in my ability to use Google Docs .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to use Google Slides .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to use Google Slides Extensions: Peardeck .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to use Google Forms .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to use Google Sheets .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to use Google Drawings .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my ability to use Jamboard .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9. How would you rate your proficiency in using **Google Classroom**?

Please select the option below that best describes your proficiency in **Google Classroom**.

Extremely
inadequate
☐

Somewhat
inadequate
☐

Neither adequate
nor inadequate
☐

Somewhat
adequate
☐

Extremely
adequate
☐

Q10. Please rank your proficiency in using each of the programs from **Google Suite** listed below.

Choose the number of stars that best describes how proficient you feel, with **1 star not proficient** and **5 stars being highly proficient**.

Google Docs

Google Slides

Google Slides extension:
Peardeck

Google Forms

Google Sheets

Google Drawings

Jamboard

Q11. How often ***per week*** do you need help using Google classroom? Please select the answer that best describe the amount of help you require ***per week***.

☐ Never

☐ Once a week

☐ 2-3 times a week

☐ 4-6 times a week

☐ Daily

Q12. How often **per week** do you need help using programs from Google Suite? Please select the answer that best describes the amount of help you require **per week**.

- ☐ Never
- ☐ Once a week
- ☐ 2-3 times a week
- ☐ 4-6 times a week
- ☐ Daily

Q13. Asynchronous online training would involve watching videos, and completing modules and assignments online and on your own time. In person training would involve completing modules and assignments while attending a scheduled event during work hours.

Which sentence best describes your feelings about the format of training for **Google Classroom**? Please select the answer that best describes your feelings to the statement below.

- ☐ I would like to complete **Google Classroom** training online on my own time.
- ☐ I don't feel strongly either way.
- ☐ I would like complete **Google Classroom** training in person during a scheduled session.

Q14. Asynchronous online training would involve watching videos, and completing modules and assignments online and on your own time. In person training would involve completing modules and assignments while attending a scheduled event during work hours.

Which sentence best describes your feelings about the format of training for **Google Suite**. Please select the answer that best describes your feelings to the statement below.

- ☐ I would like to complete **Google Suite** training online on my own time.

- ☐ I don't feel strongly either way.
- ☐ I would like complete **Google Suite** training in person during a scheduled session.

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