Caregiver Perspectives on Schooling from Home during COVID-19 (Spring 2020)
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Executive Summary

To contain the spread of COVID-19, schools across the United States abruptly began shuttering their doors in March 2020 for what would end up lasting the remainder of the academic year. Caregivers were expected to school their children at home—many while simultaneously maintaining their jobs. This report describes the findings of a survey that was designed to better understand caregivers’ experiences of schooling from home during the spring 2020 COVID-19 school closures. The survey was advertised through a Facebook ad to caregivers whose children were 5-18 years old. It was electronically administered between May 9 and June 12, 2020.

Caregivers (N = 1,002) from 44 states participated; 72% were married mothers, 13% were single mothers, and 2% were fathers. Over one-third of respondents reported that their child received support for either a learning or behavioral problem in the preceding 6 months. Our online recruitment strategy via Facebook yielded a final study sample that was not representative of the larger population of parents and caregivers in the U.S. Respondents were predominantly white, middle-class women who tended to be employed and did not directly experience COVID-related sickness or death. As a result, our findings on the state of schooling at home during COVID-19 should be considered in context of this sample.

Key Concerns about School/Helping their Child

• Roughly 1 in 4 caregivers reported that there was no expectation for synchronous work from their child’s school. In grades K-5, roughly half of caregivers reported less than three hours of synchronous work per week.
• 45% of caregivers with children in grades 6-12 reported that not having the content knowledge to help their child with schoolwork was a problem.
• Having enough time to help their child with school was more of a problem for caregivers of children in grades K-5 (71%-75%) compared with caregivers of children in grades 6-12 (49%).

Key Concerns about Special Education Services

• Caregivers thought their children’s special education needs were not met well during COVID-19. For caregivers with a child in K-2, 61% thought their child’s special education needs were supported very well prior to COVID-19, this number fell to just 14% during the school closures.
• 60% of caregivers whose children were receiving special education services reported they were stressed or worried due to disruptions with their child’s academic or school-based therapies.
• Regardless of grade level, caregivers whose children received special education services were more concerned about their children being academically behind their peers next year, as compared to caregivers whose children were not in special education.

Caregiver Report of Child Activities

• Roughly 60% of caregivers reported that their children spent more time connecting with family during the school closures. Increases in family time were particularly notable for students at the middle and high school levels.
• 36% of caregivers indicated that their child spent some proportion of the day caring for younger siblings; 38% reported that their child cared for siblings more during the school closures.

• 83% of caregivers reported that their children spent less time connecting with friends during the period of school closures. This was particularly true for children in grades K-5.

• More than 75% of caregivers reported that their children spent more time engaged in non-learning screen time during the period of school closures.

• 43% of caregivers said their children spent less time being physically active during the period of school closures. This finding was more pronounced with children in grades 3-12 than students in grades K-2.

• Nearly one-third of caregivers whose child was in grades 6-12 reported their children were engaged in physical activity (e.g., walking, riding bike, yoga) for less than 30 minutes per day.

**Caregiver and Child Mental Health Concerns**

• Among those caregivers whose children were receiving community-based mental health treatment, over 50% reported that those services were disrupted by COVID-19.

• More than 1 in 3 caregivers were somewhat or very concerned that COVID-19 school closures will negatively impact their child’s social, emotional, and behavioral well-being, regardless of their child’s history of academic and mental health needs.

• Nearly 70% of caregivers reported that COVID-19 impacted their mental health somewhat or to a great extent.

• Among caregivers: 71% felt unhappy, 50% felt depressed, 39% felt helpless, and 38% felt like a failure in the 7 days before the survey.

Survey findings supported anecdotal reports that children received little and highly variable synchronous instruction from teachers and that special education services were significantly disrupted during the COVID-19 school closures in spring 2020. Many caregivers reported that children were engaged in more screen time and less physical activity and spent less time connecting with friends during the school closures compared with before. Caregivers also reported additional time that children spent with the family during the school closures, with notable increases for secondary school students. For some of these families, children were providing more childcare for siblings during the period of school closures. Most caregivers reported that COVID-19 impacted their mental health, with many reporting concerning mental health symptoms for themselves in the week before the survey.

It is important for caregivers to keep in mind that the spring of 2020 represented emergency learning experiences. During the 2020-2021 school year students may experience traditional face-to-face schooling, hybrid learning, and remote learning, depending on the level of COVID-19 in their community and family choices about sending their children back to face-to-face schooling. Schools will have the opportunity to generate better systems for transmitting learning in hybrid and remote formats and to adjust from the experiences during spring 2020 shutdown. This report includes recommendations for caregivers to support their children’s learning, to promote family physical activity, and to support their own mental health.
Introduction
To contain the spread COVID-19, schools across the United States abruptly began shuttering their doors in March 2020 for what would end up lasting the reminder of the academic year. Although the school closures were necessary, history will likely show them to be one of the most disruptive forces related to COVID-19 for families with children.

The underlying assumption from schools was that caregivers were responsible for facilitating and monitoring the completion of schoolwork. Yet, it was during this period of prolonged school closures that families endured considerable stress, grief, and loss. Some caregivers were able to transition to work at home, others had jobs that did not permit them to stay at home with their children, and still others lost their jobs, facing sudden and unexpected financial hardships. It was during this time that caregivers were faced with an array of stressors including being sick themselves, the death and illnesses of loved ones, social isolation, and economic instability. Historic levels of food insecurity in the United States, particularly among families with children, and surges in domestic abuse were indicators of the significant stress facing families during COVID-19. It was under these conditions that caregivers struggled to determine how to best educate their children and children were expected to learn.

Purpose of the Survey
School districts’ responses to the continuation of schooling from home in spring 2020 varied by state according to different interpretations of federal guidance from the United States Department of Education. Not only was the response not uniform across the country, but the response also evolved or shifted as temporary school closures were extended through the end of the academic year. Regardless of approach, all schooling shifted to the home, requiring caregivers to take a primary or secondary role as schoolteacher. The goal of this survey was to better understand caregivers’ experiences of schooling from home during the spring 2020 COVID-19 closures.

Methodology
Recruitment occurred through a Facebook advertisement that targeted caregivers of children ages 5-18 between May 9 and June 12, 2020. The target population was caregivers of youth in grades K-12 who were enrolled in either public or private schools prior to the COVID-19 closures. All surveys were administered in English. Respondents were asked questions designed to understand (a) what instruction looked like, (b) how youth spent their time, and (c) the potential stress caregivers encountered while schooling from home. Both open- and closed-ended questions were included in the survey. For open-ended questions, responses were compiled and thematically coded by two independent raters. Discrepancies in thematic codes were reconciled via consensus meeting. All caregivers provided responses for only one of their children. Efforts were made to oversample those youth struggling with academic or behavioral challenges. Caregivers who were homeschooling their children before the COVID-19 school closures were excluded from participation.
A non-representative sample of 1,002 caregivers from 44 states participated. The majority were married mothers (72%), 13% were single mothers, and 2% were fathers. Over half completed a graduate degree (55%), and an additional 34% completed college. Only 10% of the families received free or reduced price school lunch. Most caregivers were either working from home (57%) or in the community (11%) during the pandemic, while 19% were not working. Children were in elementary school (68%), middle school, (16%) and high school (16%). Over 1/3 of respondents reported that their child had received support for either learning/attention or an emotional, developmental, or behavioral problem over the preceding six months. Additional information about the participants is provided in the Appendix.

Results

Results of the survey are organized thematically below. For each question, analyses were conducted to determine whether findings varied significantly across grade levels (i.e. K-2, 3-5, 6-12). When significant differences were found, results are presented by grade level.
Caregivers’ Understanding of Instruction

To better understand the types and frequency of communications families received from their schools during the COVID-19 school closures, caregivers were asked how frequently they received different types of communications.

Roughly 60% of caregivers reported receiving weekly emails from their child’s school/district.

Roughly 2/3 of caregivers reported receiving weekly or daily updates via the school/ district website.
Caregivers were asked whether their child’s school had either recommended or required that students spend a certain amount of time on schoolwork each day. 43% of caregivers indicated that specific time on schoolwork each day was not communicated. No significant differences were identified across grade levels.

Caregivers were asked to estimate the number of hours per week that their child was expected to engage in schoolwork. **One consistent finding across grade levels was that roughly 1 in 4 caregivers reported that there was no expectation for synchronous work.** In the elementary grades, **roughly half of caregivers reported less than 3 hours of synchronous work per week.** At the middle/high school level, roughly 3 in 4 caregivers reported an expectation of less than 6 hours of synchronous work per week.
Expectations for independent work were more variable; however, **more than half of respondents reported an expectation of at least 6 hours of independent work per week.** Slightly more than half of caregivers indicated that their child was expected to complete more than 1 hour per day of independent work.

![Bar chart showing independent work hours for different grade levels.](chart)

When asked what synchronous instruction looked like for their child, the **greatest percentage of caregivers (63%) indicated that teachers provided live instruction to the class** through means such as Google Classroom or Zoom. Smaller percentages of caregivers reported use of live 1:1 instruction, chat with teacher, or partner/group activities with peers. Additionally, a small subset of caregivers indicated that live instruction was provided to small groups of students or that teachers utilized check-ins/morning meetings/lunch. **No significant differences were identified across grade levels.**
When asked what types of independent work students were provided, nearly all caregivers indicated that teachers provided electronic links to websites, videos, or other materials. Caregivers of middle/high school students were significantly less likely to report receiving paper packets. Additionally, a small subset of caregivers indicated that their students were provided with assignments on a website or app or that they were assigned projects/papers.

In an open-ended format, caregivers were asked to identify the most helpful things their child’s school has done to assist with homeschooling during COVID-19. The following were identified as helpful:

- **Effective Communication.** This included regular contact with teachers by phone, email and/or mail. For example, one caregiver noted, “[my child’s] teacher meets with them at least twice a week on zoom and checks on them, asks how they are, talks to them.”

- **Teacher Flexibility.** One caregiver stated, “They have been very flexible with turn-in dates on assignments.” Another shared, “In our district, whatever the child’s grade was pre-COVID can’t go down. They can earn points, but not lose them.”

- **Provision of Structure.** Caregivers noted that having a stable and predictable schedule for online instruction was helpful.

- **Availability of Technological Support.** This included the provision of computers, consistency with online platforms, as well as the availability of technology assistance.
Caregivers were asked to describe what their child’s school could have done better/differently. Many of these themes reflected deficits in areas that other families noted as strengths. The following were noted as unhelpful:

- **Ineffective Communication.** These caregivers expressed a desire for better access to teachers, as well as more consistent and clear communication from school personnel (i.e., administrators and teachers).

- **Lack of Standardized Curriculum.** Caregivers expressed a need for more standardization including standardization of assignments and deadlines. As an example, one caregiver noted, “They placed a rule that if a student misses 3 “check-ins” in a class, they are no longer eligible to raise their current grade, but did not explain well what those specific check-ins are... not all of the teachers are calling them “check-ins.” It was very confusing, and very stressful for my child.”

- **Absence of Technological Support.** Caregivers emphasized the need to better train teachers on the technology they are using, as well as the need to standardize online platforms.

- **Too Little Live (Synchronous) Instruction.** Caregivers noted few opportunities for their child to receive live instruction, despite the perceived value of these interactions for their child.

- **Too Few Non-Academic Supports.** Caregivers reported a need for more access to counseling, emotional supports, and extra-curricular activities (e.g., physical education) for their children.
Content of Assigned Work

98% of caregivers reported that their children received academic work to complete at home in English/Language Arts and Math. Work across these two subjects was much more likely to be mandatory than recommended; however, this was more so at the middle/high school level.

Assigned work in Science and Social Studies was also common, with 87% and 80% of caregivers reporting that their children received academic work in these subjects, respectively. The likelihood of being assigned mandatory work in these subject areas increased as students got older.
Assigned work in a foreign language was much more likely at the middle/high school level (57% of respondents) than elementary (25-31% of respondents).

76% of caregivers reported that their children were provided with work/activities to do in Physical Education. This was most often recommended and more likely at the elementary level.
Work was more likely to be assigned for Music and Art at the elementary level (Music = 76-83%; Art = 82-84%) than at the middle/high school level (Music = 41%; Art = 53%). Additionally, respondents volunteered that work was assigned in health, library, religion, specials, and technology/STEM.
Respondents were asked whether their child was provided with non-academic work.

- Most common were assignments related to **wellness** (e.g., mindfulness, yoga, eating healthy, sleeping well);
- Followed by **self-awareness, social awareness** (e.g., understanding perspectives of others, empathizing), and **self-management** (e.g., controlling emotions, managing stress);
- And finally, **responsible decision making** (e.g., making good choices, understanding consequences of decisions) and **relationship skills** (e.g., cooperation skills, resolving conflicts).
Understanding a “Typical” Weekday

To gain a better understanding of a “typical” weekday during the COVID-19 school closures, caregivers were asked to estimate the amount of time that their child spent engaged in various activities.

36% of caregivers indicated that their child spent some proportion of the day caring for younger siblings. Most typically this was for less than 30 minutes per day, with some estimates as high as 8 hours per day. Similar reports were found across grade levels.

58% of caregivers reported the amount of time that their child spent caring for younger siblings was consistent with pre-COVID; 38% reported their child provided more sibling childcare compared with pre-COVID.
36% of caregivers indicated that their child spent some part of the day connecting with friends. Within the elementary grades, the greatest proportion of caregivers reported less than 30 minutes per day, whereas more time was spent connecting with friends at the middle/high school level.

83% of caregivers reported that their children spent less time connecting with friends during the period of school closures. However, caregivers of elementary-aged children were more likely to indicate that their children spent less time connecting with friends than pre-COVID.

More than half of caregivers of youth in grades K-5 reported being concerned about the amount of time their child spent connecting with friends.
Roughly 60% of caregivers reported that their children spent more time connecting with family during the period of school closures. However, the increases in family time were particularly notable for students at the middle and high school levels.

96% of caregivers indicated that their child spent some proportion of the day engaging in learning/enrichment activities beyond what was assigned by the school. Somewhat greater proportions of time were reported at the early elementary level than in grades 3-12.
Caregivers reported children in grades K-2 spent a smaller proportion of the day engaged in school-assigned learning/enrichment activities than children in grades 3-5.

3 in 4 caregivers reported that their children spent less time engaging in school-assigned learning/enrichment activities during the period of school closures than they did prior to COVID-19.

Roughly 1/3 of all caregivers reported being concerned about the amount of time their child spent engaging in school-assigned learning activities.
Nearly all caregivers indicated that their child spent some proportion of the day engaging in non-learning/non-enrichment activities on a screen. Overall, the proportions of time increased with age.

More than 75% of caregivers reported that their children spent **more time engaged in non-learning screen time** during the period of school closures. This finding was consistent across grade levels.

More than half of all caregivers reported being concerned about the amount of time their child spent engaging in non-learning activities on a screen.
Nearly 1/3 of caregivers of middle/high school students reported their children were **engaged in physical activity** (e.g., walking, riding bike, yoga) for less than 30 minutes per day.

43% of caregivers reported that their children spent **less time engaged in physical activity** during the period of school closures. This finding was more pronounced with children in grades 3-12 than students in grades K-2.

Roughly 40% of caregivers of youth in grades 3-12 reported being concerned about the amount of time their child spent being physically active.
91% of caregivers indicated that their child spent some proportion of the day reading for pleasure—most typically for less than 30 minutes per day. Similar reports were found across grade levels.

Roughly 2/3 of caregivers reported that their children spent the same amount of time reading for pleasure during the period of school closures as before school closures.
Experiences of Families with Students Receiving Extra Supports

Students Receiving Special Education Services

A total of 167 respondents reported that their child was receiving special education services. Approximately 2/3 of these caregivers had children receiving services for Specific Learning Disability, Autism, or Emotional Disturbance /Impairment.

Special Education Categories

- Specific Learning Disability: 22%
- Speech/Language: 21%
- Autism: 11%
- Other Health Impairment: 10%
- Intellectual Disability: 8%
- Emotional Disturbance/Impairment: 4%
- Developmental Delay: 2%
- Visual Impairment: 1%
- Hearing Impairment: 1%
- Orthopedic Impairment: 1%
Caregivers of students receiving special education services were asked what specialized instruction and/or support looked like during the school closures. The greatest percentage of respondents indicated that their child participated in live meetings (e.g., through Zoom).

Across grades, respondents reported notable changes in the degree to which they felt that their child’s special needs were supported during COVID-19.
Overall, 62% of caregivers reported that special education services provided to their children during COVID school closures were inconsistent with in-school experiences.
Students Receiving Community- or School-Based Supports

A total of 311 caregivers indicated that their child received either community- or school-based services to address an identified need. A significant portion of these caregivers reported disruption to these services due to COVID-19.

A total of 178 respondents reported that their child was receiving community-based mental health treatment, with over half of respondents reporting that the services were disrupted by the COVID-19 crisis.

Community-Based Mental Health Services Disrupted by COVID-19

A total of 138 respondents reported that their child was receiving school-based support for an emotional, developmental, or behavioral problem, with two thirds reporting a disruption in these services due to COVID-19.

School-Based Services for Emotional, Developmental, or Behavior Problems Disrupted by COVID-19
A total of 218 respondents reported that their child was receiving school-based services for a learning or attention problem, with the vast majority reporting a disruption in these services due to COVID-19. There were more pronounced difficulties for children in grades K-2.

### School-Based Services for Learning or Attention Problems Disrupted by COVID-19

<table>
<thead>
<tr>
<th>Grades</th>
<th>Not at all</th>
<th>Very little</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades K-2</td>
<td>5%</td>
<td>5%</td>
<td>21%</td>
<td>71%</td>
</tr>
<tr>
<td>Grades 3-5</td>
<td>14%</td>
<td>13%</td>
<td>28%</td>
<td>46%</td>
</tr>
<tr>
<td>Grades 6-12</td>
<td>10%</td>
<td>12%</td>
<td>34%</td>
<td>44%</td>
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</table>

A total of 110 respondents reported that their child was receiving school-based support such as speech therapy, physical therapy, and occupational therapy, with a majority reporting a disruption in these services due to COVID-19.

### School-Based Speech, Physical, and Occupational Therapy Disrupted by COVID-19

<table>
<thead>
<tr>
<th>Grades</th>
<th>Not at all</th>
<th>Very little</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades K-2</td>
<td>9%</td>
<td>11%</td>
<td>38%</td>
<td>43%</td>
</tr>
<tr>
<td>Grades 3-5</td>
<td>3%</td>
<td>17%</td>
<td>24%</td>
<td>55%</td>
</tr>
<tr>
<td>Grades 6-12</td>
<td>26%</td>
<td>16%</td>
<td>21%</td>
<td>37%</td>
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A total of 52 respondents reported that their child received additional academic support in their community, with over half reporting a disruption in these services.

Community-Based Academic Support Disrupted by COVID-19

Grades K-2
- Not at all: 10%
- Very little: 30%
- Somewhat: 40%
- Very much: 20%

Grades 3-5
- Not at all: 10%
- Very little: 20%
- Somewhat: 20%
- Very much: 50%

Grades 6-12
- Not at all: 42%
- Very little: 16%
- Somewhat: 21%
- Very much: 21%
Caregiver Concerns While Schooling from Home

Of the different activities that youth engaged in during the period of school closures, the largest proportions of caregivers reported being concerned about the amount of time spent: (a) engaging in non-learning activities on a screen, (b) connecting with friends, (c) engaging in school-assigned learning/enrichment activities, and (d) engaging in physical activity.
When asked whether they were concerned they were that their child would enter the next school year with difficulties because of the COVID-19 school closures.

- Roughly 40% of caregivers indicated that they were “somewhat” (18%) or “very” (19%) concerned that their child would enter the next school year with social, emotional, or behavioral difficulties.
- Roughly 30% of caregivers indicated that they were “somewhat” (15%) or “very” (13%) concerned that their child would enter the next school year academically behind their peers.

Caregivers whose children received special education services were more concerned about their children being academically behind their peers next year, as compared to caregivers whose children were not in special education.
Caregiver Problems While Schooling from Home

Caregivers reported on the extent to which they had problems (1) being able to access needed materials, (2) getting technical assistance from the school, (3) accessing a digital device, (4) accessing reliable internet, (5) having the technological skills to help their child, (6) having the content knowledge to help their child, (7) and having enough time.

Most caregivers reported that they had no problems getting technical assistance from the school and accessing learning materials. There were no differences by child grade level for these questions (*Note: some percentages do not add up to 100% due to missing data*).
Despite grade level differences, most caregivers did not report problems accessing a digital device, having reliable internet access, or having the technological skills to help their child.

**Access to a Computer or Tablet**

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Not a Problem</th>
<th>A problem</th>
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<tbody>
<tr>
<td>K-2</td>
<td>85%</td>
<td>12%</td>
</tr>
<tr>
<td>3-5</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>6-12</td>
<td>91%</td>
<td>8%</td>
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**Access to Reliable Internet**

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Not a Problem</th>
<th>A problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-2</td>
<td>86%</td>
<td>13%</td>
</tr>
<tr>
<td>3-5</td>
<td>91%</td>
<td>18%</td>
</tr>
<tr>
<td>6-12</td>
<td>81%</td>
<td>18%</td>
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**Having the Technological Skills to Help My Child**

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<th>Grade Level</th>
<th>Not a Problem</th>
<th>A problem</th>
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<tbody>
<tr>
<td>K-2</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>3-5</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>6-12</td>
<td>69%</td>
<td>27%</td>
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Nearly half of caregivers (45%) with children in grades 6-12 reported that not having the content knowledge to help their child with schoolwork was a problem.

Roughly 3 in 4 caregivers of elementary school children reported that not having enough time to help their child with schoolwork was a problem.
Caregiver Stress

Many caregivers reported mental health symptoms, including unhappiness, depression, helplessness and feeling like a failure, over the past 7 days.

Caregivers were asked whether the following statements about their mental health were true in the past 7 days.

- 71% felt unhappy
- 50% felt depressed
- 39% felt helpless
- 38% felt like a failure
- 27% had nothing to look forward to
- 24% felt hopeless
- 18% felt nothing could cheer them up
- 11% felt worthless

Nearly 70% of caregivers reported that COVID-19 impacted their mental health “somewhat” (53%) or “to a great extent” (16%)

60% of caregivers reported feeling stressed or overwhelmed due to disruptions to their child’s academic services or school-based therapies somewhat/to a great extent.
Appendix A: Caregiver and Child Demographic Data

**CHILD GENDER**

- Male: 52%
- Female: 47%
- Non-Binary/No Response: 1%

**SCHOOL**

- Public: 79%
- Public Charter: 4%
- Private: 16%

**CHILD GRADE**

- K-5: 68%
- 6-8: 16%
- 9-12: 16%

**PERCENT RECEIVING SUPPORT FOR LEARNING/ATTENTION OR AN EMOTIONAL, DEVELOPMENTAL OR BEHAVIORAL PROBLEM**

- K TO 2: 32%
- 3 TO 5: 40%
- 6 TO 12: 39%
Appendix B: Remote Learning Recommendations

Students may experience all three learning options (i.e., traditional face-to-face schooling, hybrid learning, remote learning) during the 2020-2021 school year, depending on level of community risk of COVID-19.

I. Terms and Definitions

<table>
<thead>
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<th>Term</th>
<th>Definition</th>
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| Remote Learning           | Refers to circumstances in which the student and the educator, or information source, are not physically present in a traditional classroom environment. This term is also used to describe all educational experiences outside the classroom.  
**This term can, but does not have to, refer to information relayed through technology, such as discussion boards, video conferencing, and online assessments (sometimes referred to as computer-mediated instruction).**  
- **Synchronous:** Remote learning occurs in real time with teachers and student(s) interacting simultaneously (e.g., online live instruction, chat rooms, virtual classrooms, phone chat).  
- **Asynchronous:** Remote learning is self-paced; students work on their own. (e.g., pre-recorded lecture, discussion boards, journaling, web-supported textbooks, hypertext documents, audio/video courses or modules, instructional packets). |
| Hybrid Learning           | Combination of in-person (face-to-face) traditional schooling and remote learning. Also described as blended learning.                                                                                                                                                                                                                     |
| Online Learning           | Distance learning in which instruction and content relies on an electronic connection and is delivered through the internet or software. Also referred to as e-learning or virtual learning (p. 3; https://www.ncld.org/covid-19-parent-resources).                                                                                                           |
| Learning Management System| Electronic systems and methods that support the timely creation, scheduling, and delivery of course materials in education (p. 3; https://www.ncld.org/covid-19-parent-resources).                                                                                                                                  |
II. Why is Synchronous Instruction so Important?

Five key instructional practices are essential for students to benefit from all possible learning environments. The table lists these five practices with brief definitions provided below the table.

<table>
<thead>
<tr>
<th>Effective Instructional Practices</th>
<th>Explicit Instruction</th>
<th>Peer Collaboration</th>
<th>Feedback</th>
<th>Active Engagement</th>
<th>Opportunities to Practice</th>
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</thead>
</table>

- **EXPLICIT INSTRUCTION**
  - One of the most highly effective instructional practices available to address the learning needs of all students and it is well researched\(^2\).
  - The major parts of explicit instruction\(^3\) are:
    1. Connect new learning to prior learning daily.
    2. Model or demonstrate the skill the same way students will use it and provide clear explanations with examples and non-examples.
    3. Verbalize the thinking process while modeling the skill.
    4. Provide guided and independent opportunities to practice, scaffolded to meet students’ needs, along with immediate and actionable feedback.
      - Guided practice: teacher and students work through examples together.
      - Independent practice: students work through activities alone.

- **PEER COLLABORATION**
  - Refers to cooperative learning activities that are conducted in pairs (sometimes called peer-mediated or peer-assisted) or teams (small groups of students).
  - Provides frequent opportunities for students to practice foundational skills and verbalize their learning with one another.
  - Includes benefits like\(^4,5\):
1. Improves academic performance and increases students’ social skills, self-concept, effort, participation, rule compliance, frustration tolerance, and linguistic skills.
2. Decreases off-task and disruptive behavior.

- **FEEDBACK**
  - Children benefit from immediate, timely, frequent, and meaningful praise for their work and effort as well as correction for errors, so they do not learn skills incorrectly.
  - Feedback can be provided verbally, nonverbally, or in written form and should be provided to students on all meaningful educational activities.

- **ACTIVE STUDENT ENGAGEMENT**
  - Children benefit most when they are interacting with learning materials rather than passively listening. This includes activities such as writing, project-based work, think-pair-share, and choral responding (a technique used to provide all students the chance to simultaneously answer teacher-directed questions).

- **OPPORTUNITIES TO PRACTICE**
  - Frequent opportunities to practice new and previously learned skills are necessary to promote mastery of key skills for all children returning to school and can be facilitated using synchronous and asynchronous learning activities so long as the practice opportunities:
    1. Use materials that children can perform independently with high accuracy.
    2. Are brief and frequent.
    3. Use materials that are sequenced systematically in small sets.
    4. Adjust according to student progress.

### III. School Level Supports for Remote Learning

Schools might incorporate effective instructional practices into remote learning experiences and address challenges associated with initial school closures in spring of 2020 by:

- Providing rigorous **synchronous learning experiences** to ensure universal access to explicit instruction.
- Adopting a **learning management system** with developed curriculum content and embedded assessment tools.
- Ensuring every student has access to: High-speed internet, Wi-Fi, a Device (e.g., tablet, chrome book, computer, laptop).
- Securing technical support and offering this support to students and families.
- Evaluating instructional delivery and design principles embedded into the **educational technology** and other web-based resources assigned to students that will be usable, accessible in many languages, and of high quality.
- Building collaborative opportunities into online spaces—use of chat rooms or breakout rooms or other collaborative learning tools.
IV. Home Level Supports for Remote Learning

The tables below offer ideas for caregivers to support remote learning experiences, but caregivers should not feel responsible for providing explicit instruction or teaching their children. The first table describes home supports for **preparing children to be ready to learn** and the second table describes **how to support children's learning**. A list of additional resources for caregivers to promote children’s success at home with remote learning is provided below the tables.

<table>
<thead>
<tr>
<th>Table 1. Preparing Your Child to Be Ready to Learn</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suggestion</strong></td>
</tr>
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</table>
| **Create Space to Learn** | • Identify separate physical space for learning within the home.  
  o If physical separation of children from one another or other members of the household is not possible, headsets can accomplish a similar goal.  
  o Separate children (when you have more than one child):  
    (if possible) into different learning spaces (e.g., kitchen table for one child; living room for another)  
    (if not possible) by using space dividers created from cardboard boxes, binders, books, or other materials that exist in your home.  
  • Remove distractions such as TV, music, loud talking, pets, electronic devices.  
    o Block applications using settings on your child’s learning device so they cannot access content other than learning content.  
    o Change the wi-fi password for the day if your child is using downloadable materials.  
    o Ensure all supplies needed for the day are provided in the same learning space with the child. Supplies can be collected and available in a plastic tub, pencil box, or basket. Consider not only paper, white board, pencils, markers, scissors, glue, tape, but also device-related supplies such as a computer mouse or mouse pad. |
| **Create Time to Learn:** | • Create the schedule with your child-this will help with buy-in (e.g., wake up, get dressed, eat breakfast, choice time, learning time [reading, math, writing], outside/physical activity time, lunch, learning time [science, social studies], art/music/creative, outside/physical activity time, dinner, choice time, bed).  
  o 30 minutes to 1 hour for each subject area serves as a rough guideline for remote learning (depending on child’s age)  
  o On any one activity children may only be able to stay focused for 15-20 minutes (a bit less for children in grades K-2; a bit more for high school)  
  o 2-3 hours per day for elementary students for academics  
  o 3-4 hours per day for middle/high school students for academics |
| Establish consistent daily routines & schedules | • Be sure that the schedule includes a mix of different activities (art, music, creative, outside time, physical activity, play time).  
  • Modify the schedule as needed. Some children may need more breaks for physical activity, others may need more opportunities for creative time.  
  • Your child’s schedule can be written/posted on a white board, laminated (or use sheet protector) paper-based schedule, dry erase schedule, poster board |

40 | Page
Consider a picture-based schedule for younger children.

### Set Expectations for Behavior
- Set 3 to 5 expectations for your child’s school from home experience. These rules may be developed to encourage your child to focus on their schedule and be respectful and kind to other siblings or family members who are also working or schooling at home. Some examples include:
  - Focus on your work - Follow your schedule - Stay in your workspace - Listen to your teacher - Be responsible - Be kind - Be respectful - Be safe
- It is useful to explain, demonstrate, and model each of the rules to your child and how they apply to the virtual classroom space and other learning activities.
- Praise your child for following the expected behaviors frequently.
- Establish a system for asking for help that can work within your home environment. For example, you might:
  - Suggest that your child ask his/her/their sibling for help first, then find an adult for help.
  - Ask your child to knock on the door when mom or dad are in meeting.
  - Establish a set time, daily, to answer questions.

### Table 2. Supporting Your Child’s Learning

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Explanation</th>
</tr>
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</table>
| **Orienting to the Device & Applications** | Offer opportunities for your child to:  
  - Practice using the device that will be required.  
    - For chrome books and computers, children will need to be oriented to the keyboard and mouse.  
    - For tablets, children will need to be able to move back and forth among applications and know how to swipe the device.  
  - Log in and out of the device or applications and have a place to record passwords and usernames.  
  - Access and save documents from the platforms, digital classroom pages, weblinks.  
  - Navigate (move back and forth, open, close, save) different tabs. |
| **Starting an Activity** | Is your child able to read the instructions and materials?  
  - Turn on text to speech features on the device (found in preferences or settings) so directions can be read to your child.  
  - Investigate to see whether applications will read text aloud (Microsoft Word offers this feature).  
  - Preview the instructions with your child before synchronous learning experiences or prior to your child’s scheduled learning time.  
  - Read with your child and rephrase directions in short clear sentences.  
  - Does your child understand what s/he/they are being asked to do?  
    - Have your child:  
      - Read directions & retell them to you.  
      - Identify or write down key words from the directions. |
Help your child create visual cues from important aspects of the directions.

Create a checklist from the directions.

Help your child navigate virtual classes by:

- Unmuting microphone to ask teacher to repeat instructions.
- Using the chat feature to type a question.
- Request recorded lessons to permit your child to pause and write down instructions or replay lessons.
- Set up individual meetings with the teacher for explanations.

Break directions down into smaller manageable sections or chunks.

Completing Assigned Work

- Arranging your child’s learning schedule to match their needs. For example, some children may do better if:
  - A preferred or choice activity follows every learning activity. These options could be added in your remote learning schedule.
  - All required learning activities are completed, and then choice time is provided.
  - Learning activities occur early in the morning (younger children).
  - Learning activities occur in the afternoon (may be more likely for older students).
  - Begin with harder tasks (although some children may be more successful if they accomplish simple tasks first; this momentum will carry them into harder tasks).
  - A timer is provided that illustrates the amount of time remaining or time that has passed.

- Help your child remain focused on the learning task long enough to complete the activity by:
  - Asking your child to generate and complete a checklist of required daily assignments.
  - Dividing tasks into smaller amounts of time (e.g., two 15-minute block of reading instead of one 30-min block of reading).
  - Build in frequent breaks if attending for longer periods of time is too difficult. Use a timer for breaks and ensure your child can return easily to the task (offer praise for doing so!).
  - Generating daily goals with your child, reviewing progress toward goals daily, and asking your child to reflect upon their progress and successes.

- Offering frequent feedback, praise, and rewards.
  - Provide frequent and immediate praise (specific statements such as “I can see you are working hard!” or “I like how you sounded out that word” or “I like how you checked your math work.”
  - Check over your child’s work and offer:
    - Immediate feedback when you see that your child might be making an error.
    - Nonverbal feedback (thumbs up).
    - Written feedback (notes, stickers, messages in bright colors).
Celebrate remote learning successes daily.

- Sometimes children need more supports to remain on task or to engage independently with tasks. You can collaborate with your child to:
  - Create a learning agreement or contract
    - The contract contains: (a) your role and expectations and your child’s role and expectations; (b) checklists affiliated with the expectations, and (c) reward options for following expectations.
  - Build a behavior chart that includes a column with your expectations for each day.
    - Each time your child fulfills that expectation or completes a task your child can earn a sticker on the chart. Stickers might be enough for your child or you can trade stickers in for prizes (see below).
    - Older children might earn points for following expectations that can be traded in at the end of the day for prizes (e.g., choosing dinner, chore free pass, or extra screen time, popcorn/movie party, more free time, selecting the family game) or saved and traded in later for “prizes” that cost more (e.g., staying up late might cost 20 points).
    - Many small rewards often work better than one large reward.

To Learn More About Supporting Your Child with Remote Learning from Home:

1. CEEDAR Center: *Family guide to at-home learning*:
   https://ceedar.education.ufl.edu/portfolio/family-guide-to-at-home-learning/


   https://www.ncld.org/covid-19-parent-resources#1585846985917-8599f068-8f1c

4. Schedules:
   - Schedules (and other resources) from Wide Open School:
     https://wideopenschool.org/programs/family/prek-5/learning-at-home/
   - Daily Schedule from Kahn Academy: https://docs.google.com/document/d/e/2PACX-1vSZhOdEPAWjUOpqDkJvAlJrFwxxZ9Sa6zGOq0CNrMs6Z7DZNq-tQWS3OhuVCUbh-_P-WmksHAzbsrk9d/pub#content
   - Resources to Create a Routine and Schedule from Iris Center:
     https://iris.peabody.vanderbilt.edu/module/c19/cresource/q1/p02/#content

   Retrieved from https://iris.peabody.vanderbilt.edu/module/c19/

   https://www.understood.org/en/school-learning/coronavirus-latest-updates?_sp=6ae903b8-45f0-4e8d-94cd-37e3e8392a84.1596227492681
Appendix C: Recommendations to Promote Mental and Physical Health

Strategies to Promote Mental Health

Caregivers participating in our survey reported significant stress and high rates of mental health symptoms. Caregivers also expressed concern about the potential mental health impact of COVID-19 restrictions on their child’s future social, emotional, and behavioral wellbeing. Reports of mental health challenges emerged despite relatively few reported family stressors such as job loss, economic hardship, single parent caregiving, illness, or inequities in access to technology (i.e., computers, internet). The table below offers strategies for managing stress and promoting mental health.

<table>
<thead>
<tr>
<th>Table 3. Strategies for Promoting Mental Health</th>
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<tbody>
<tr>
<td><strong>Suggestion</strong></td>
</tr>
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</table>
| Practice Acceptance | • Anxiety, fear, and worry are all normal reactions to abnormal circumstances. Research has shown that accepting these emotional reactions can prevent them from worsening.⁹  
• For example, rather than thinking about the same worries over and over (i.e., “My child won’t bounce back from this”, “I’ll never be able to manage online schooling in the Fall”), try to accept that worry is a normal part of living through stressful circumstances and avoid judging yourself for these normal feelings. |
| Stay Connected | • Numerous studies have shown that social connectivity has a lasting impact on mental health.  
• Even when in-person interactions are discouraged, families with technology access can maintain social connections virtually (e.g., video chat, online gaming, social media).  
• Consider scheduling regular virtual meet-ups to reduce feelings of isolation and provide opportunities to de-stress with friends and family. |
| Use Counseling as a Prevention Tool | • When stress and anxiety are in their early stages, a brief intervention has the potential to result in big gains.  
• Mental health counseling can help the whole family prepare for future bumps in the road together.  
• Barriers to engaging in mental health counseling have been greatly reduced during COVID-19; consultations via telemedicine allow families to connect with mental health providers without leaving the comfort of their home. |

Strategies to Promote Physical Activity

Concerns about children not engaging in enough physical activity and doing in less physical activity during the COVID-19 school closures than before were more pronounced for children in grades 3-12 compared with children in grades K-2. Nearly one-third of caregivers of children in grades 6-12 reported their children were engaged in physical activity (e.g., walking, riding bike, yoga) for less than 30 minutes per day. The COVID-19 shutdowns presented major challenges for children’s physical activity because their usual forms of activity were no longer available. This included physical education classes, recess, before and after school programs, dance, and sports. These barriers to
physical activity continued into the summer, when many parents did not feel comfortable sending their children to summer camp, which have physical activity built into the daily schedule.

The 2018 Physical Activity Guidelines for Americans recommends that children and adolescents 6-17 years old should do one hour or more of physical activity each day, and this activity should be age-appropriate, varied, and enjoyable. Despite the challenges of the COVID-19 closures, there are opportunities for physical activities that families can do safely together.

Ideas for family physical activity:
- family hikes
- trips to the beach
- walks or jogs in the neighborhood
- playing games like catch, tag, and freeze dance
- online yoga classes
- family dance parties

Physical activity is important for physical and mental health. It is an important tool for stress reduction. Therefore, physical activity should be viewed as an important complement to the mental health strategies described above.
References


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Generated using caregiver responses to the following question: What has been the most helpful thing your child’s school has done to assist you with schooling from home during COVID-19?