

Digital Learning Framework Trial Evaluation Questionnaire for Schools: PDST Visit 1

Thank you for your involvement in the trial of the Digital Learning Framework (DLF). This trial is being carried out in 20 post-primary and 30 primary schools.

The Educational Research Centre, Drumcondra, Dublin, has been asked by the Department of Education and Skills to evaluate this trial. This questionnaire is part of that evaluation.

This questionnaire should be completed by the school principal or staff member leading the DLF trial in the school.

The purpose of the questionnaire is to gather information about your experiences in working with the PDST team member during their first visit to your school. It is intended to take no more than 20 minutes to complete. You will be invited to complete a second questionnaire towards the end of the trial in April/May 2018.

Most questions require you to tick a box, while some ask you to type your response.

Your views are very important in contributing to improvements to the DLF when it is rolled out nationally in Autumn 2018.

This PDF version of the questionnaire is for review purposes only: responses should be submitted using the online version.

Please feel free to ask other staff in your school, such as the ICT leader or other teachers, to provide input into responses to any of the questions.

The questionnaire needs to be completed in one 'sitting'. Please be sure to **click on the SUBMIT button** when you reach the end of the questionnaire, otherwise your responses will not be saved.

Responses of individual schools will not be identified in published reports. Numeric results will be reported as group averages. Any published comments are anonymised, and for illustrative purposes only.

If you are having any difficulties in completing the questionnaire, please email **DLF@erc.ie**.

If possible, please submit your responses within three days of your first visit from the PDST.

Thank you!

Logging in to start the questionnaire

1. Roll number of school:

Please ensure that you choose the correct roll number.

2. Two-digit school ID:

Please enter the two-digit school ID assigned by the ERC.

Details of the first school visit

3. Date of first visit:

DD / MM / YYYY

4. Length of first visit:

- | | |
|-------------------|--------------------------|
| Less than an hour | <input type="checkbox"/> |
| 1-2 hours | <input type="checkbox"/> |
| 2-3 hours | <input type="checkbox"/> |
| 3-4 hours | <input type="checkbox"/> |
| 4-5 hours | <input type="checkbox"/> |
| 5-6 hours | <input type="checkbox"/> |
| More than 6 hours | <input type="checkbox"/> |

5. What was the format of this visit?

- | | |
|---------------------------------------|--------------------------|
| Small group | <input type="checkbox"/> |
| Whole school | <input type="checkbox"/> |
| Small group, followed by whole school | <input type="checkbox"/> |
| Other (<i>please type below:</i>) | <input type="checkbox"/> |

6. Number of school staff members (including all staff – teachers, administrative staff, special education staff, etc.) present (all or part of the visit):

- | | |
|------------------|--------------------------|
| 1-2 staff | <input type="checkbox"/> |
| 3-4 staff | <input type="checkbox"/> |
| 5-6 staff | <input type="checkbox"/> |
| 7-8 staff | <input type="checkbox"/> |
| 9-10 staff | <input type="checkbox"/> |
| 11-15 staff | <input type="checkbox"/> |
| 16-20 staff | <input type="checkbox"/> |
| 21-30 staff | <input type="checkbox"/> |
| 31-40 staff | <input type="checkbox"/> |
| 41-50 staff | <input type="checkbox"/> |
| 51 or more staff | <input type="checkbox"/> |

7. Were any non-school staff members present (e.g. parents, external technical support staff)?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

If 'Yes', who else was present?

(please type below:)

8. Please indicate preparatory activities undertaken in the school prior to this first school visit, if any.

(tick all that apply:)

- | | |
|--|--------------------------|
| Staff planning meeting | <input type="checkbox"/> |
| Review of the Digital Learning Framework (DLF) | <input type="checkbox"/> |
| Review of school's plan/documentation relevant to the DLF (e.g. general plan, digital technology plan) | <input type="checkbox"/> |
| Review of school's draft targets | <input type="checkbox"/> |
| Phone contact with PDST team member | <input type="checkbox"/> |
| Email contact with PDST team member | <input type="checkbox"/> |
| Other activities <i>(please type below:)</i> | <input type="checkbox"/> |

Planning for subsequent PDST visits

9. How many further school visits by the PDST team member are envisaged during the DLF trial?

- One
- Two
- Three
- Four
- Unsure/not decided

10. Have dates/times for subsequent meetings with the PDST team member been set?

- Yes, all
- Yes, some
- No, none

11. Please type the number of teachers involved in the DLF trial in this school (i.e. the number of teachers who should receive a questionnaire about the DLF trial to complete):

Your views on the first PDST visit

12. What were the main goals of the first PDST visit to this school?

13. Please indicate your level of satisfaction with this visit, in terms of achieving the visit's goals:

- Very satisfied
- Satisfied
- Not satisfied

14. What were the main challenges identified during this first visit, if any?

*These can be typed as a short list or in paragraph form, whichever you prefer.
Type 'none' if none were identified.*

15. What were the main solutions identified during this first visit, if any?

*These can be typed as a short list or in paragraph form, whichever you prefer.
Type 'none' if none were identified.*

16. Please describe the aspects of the visit that you felt worked best or were most successful.

*These can be typed as a short list or in paragraph form, whichever you prefer.
Type 'none' if you have no comments.*

17. Please describe the aspects of the visit that you felt were most challenging or did not work so well.

*These can be typed as a short list or in paragraph form, whichever you prefer.
Type 'none' if you have no comments.*

18. If you wish, please make additional comments below:

***Important: Please click on SUBMIT to complete the questionnaire.
Thank you!***