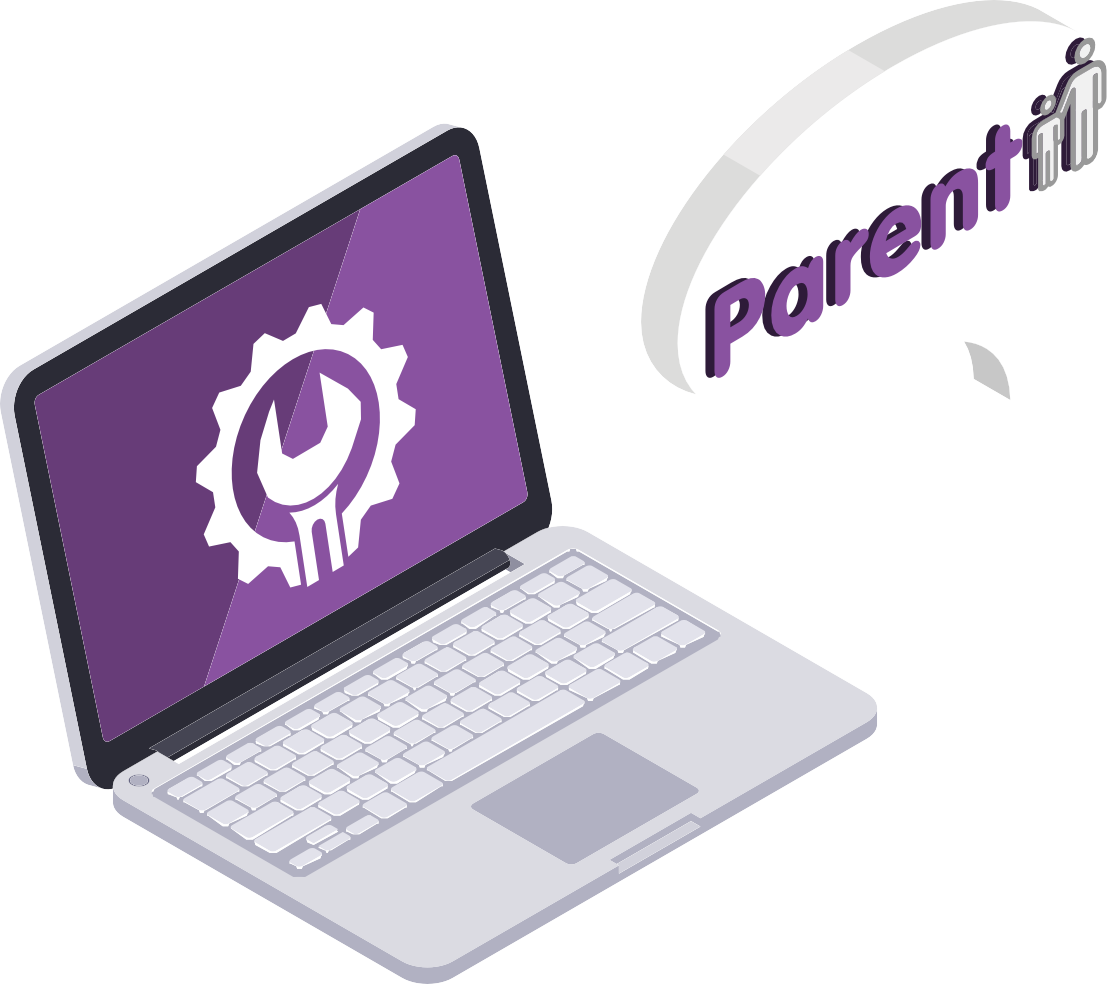


***Contact us***

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Raising Standards Through Creativity

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**Parent/Carer Voice Digital Technologies and Online**

**Safety**

**2018 — 2019**



**Digital Technologies Coordinator**

**Mr Teacher**

**Digital Technologies**

|  |  |
| --- | --- |
| Do you feel you understand what topics/skills your child learns in Digital Technologies? | Yes No |
| How useful do you find the school website for locating information about Digital Technologies? (5 being most useful) | 1 2 3 4 5 |
| How useful do you find the school website for locating information about online safety? (5 being most useful) | 1 2 3 4 5 |
| Does the school keep you up to date with information and news about Digital  Technologies and Online Safety? | No Somewhat Yes |
| Are you aware of the subscription services the school has purchased which your child  has access to? | No Somewhat Yes |
| Does your child share any learning/work with you at home from Digital Technologies  lessons? | No Somewhat Yes |
| How important would say Digital Technologies as a subject for your child is? (5 being most important) | 1 2 3 4 5 |

**Online Safety**

|  |
| --- |
| Does your child have online access outside of school? Yes No |
| Are you aware of what your child does online? No Somewhat Yes |
| Does your child have or have access to a smartphone/tablet? Yes No |
| Are you aware of what your child accesses on the smartphone/tablet including all the No Somewhat Yes apps? |
| Are you confident you are in control of your child’s online access outside of school? No Somewhat Yes |
| Do you have any monitoring, parental settings and systems in place to protect your Not at all Partially Yes child? |
| Can you confidently apply privacy and security settings, and understand them for apps Not at all Partially Yes and sites? |
| Are there any online safety rules you have set with your child? Yes No |
| Have you spoken about the dangers online? Yes No |
| Are you aware of what to do if an online incident occurs, including who to contact? No Somewhat Yes |
| Does your child access games/apps and websites which are recommended for older Yes No children? |
| Would you attend an Online Safety workshop at school? Yes Evening Yes Day No |



**Parent/Carer Voice**

**Digital Technologies and Online Safety**

Your Child’s name

What is your child’s Year?

Is your child:

male? or

female?



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