

# Learning Activities Response Sheet

Choose at least 5 activities and provide responses on the form below.

\* Required

1. Email address \*

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2. Name \*

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3. Day of Learning \_\_\_\_ \*

*Mark only one oval.*

Day 7

Day 8

Day 9

Day 10

Day 6

4. Activity 1 Type and Subject \*

Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.

*Check all that apply.*

	English Language Arts	Mathematics	Science	Social Studies
Offline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Activity 1 - Provide details of the activity completed: title, answers, scores, who helped you (all if applicable). Also what you liked or didn't like about the activity. \*

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6. How much time did you spend on Activity 1? \*

*Mark only one oval.*

1      2

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15 - 29 minutes   30+ minutes

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7. Activity 2 Type and Subject \*

Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.

*Check all that apply.*

	English Language Arts	Mathematics	Science	Social Studies
Offline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Activity 2 - Provide details of the activity completed: title, answers, scores, who helped you (all if applicable). Also, what you liked or didn't like about the activity. \*

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9. How much time did you spend on Activity 2? \*

*Mark only one oval.*

1      2

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15 - 29 minutes   30+ minutes

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10. Activity 3 Type and Subject \*

Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.

*Check all that apply.*

	English Language Arts	Mathematics	Science	Social Studies
Offline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Activity 3 - Provide details of the activity completed: title, answers, scores, who helped you (all if applicable). Also, what you liked or didn't like about the activity. \*

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12. How much time did you spend on Activity 3? \*

*Mark only one oval.*

1      2

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15 - 29 minutes         30+ minutes

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13. Activity 4 Type and Subject \*

Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.

*Check all that apply.*

	English Language Arts	Mathematics	Science	Social Studies
Offline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Activity 4 - Provide details of the activity completed: title, answers, scores, who helped you (all if applicable). Also, what you liked or didn't like about the activity. \*

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15. How much time did you spend on Activity 4? \*

*Mark only one oval.*

1      2

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15 - 29 minutes   30+ minutes

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16. Activity 5 Type and Subject \*

Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.

*Check all that apply.*

	English Language Arts	Mathematics	Science	Social Studies
Offline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Activity 5 - Provide details of the activity completed: title, answers, scores, who helped you (all if applicable). Also, what you liked or didn't like about the activity. \*

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18. How much time did you spend on Activity 5? \*

*Mark only one oval.*

1      2

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15 - 29 minutes   30+ minutes

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19. Activity 6 Type and Subject (if chosen) \*

Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.

*Check all that apply.*

	English Language Arts	Mathematics	Science	Social Studies
Offline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Activity 6 (if chosen) - Provide details of the activity completed: title, answers, scores, who helped you (all if applicable). Also, what you liked or didn't like about the activity.

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21. How much time did you spend on Activity 6?

*Mark only one oval.*

1      2

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15 - 29 minutes   30+ minutes

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22. Activity 7 Type and Subject (if chosen)

Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.

*Check all that apply.*

	English Language Arts	Mathematics	Science	Social Studies
Offline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Activity 7 (if chosen) - Provide details of the activity completed: title, answers, scores, who helped you (all if applicable). Also, what you liked or didn't like about the activity.

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24. How much time did you spend on Activity 7?

*Mark only one oval.*

1      2

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15 - 29 minutes   30+ minutes

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25. Activity 8 Type and Subject (if chosen)

Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.

*Check all that apply.*

	English Language Arts	Mathematics	Science	Social Studies
Offline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/Interactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



26. Activity 8 (if chosen) - Provide details of the activity completed: title, answers, scores, who helped you (all if applicable). Also, what you liked or didn't like about the activity.

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27. How much time did you spend on Activity 8?

*Mark only one oval.*

1      2

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15 - 29 minutes   30+ minutes

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28. How was your day of online learning? \*

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29. Did you spend some time on Big Brainz yesterday or today? \*

*Mark only one oval.*

- Yes, I did.
- No, but I'm going to right now. :)
- I would like to but I need my username and password. Please Send.

30. Tell me about something interesting that you have done or witnessed recently. \*

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31. Thank you for learning today. Keep up the good work and stay safe. Now go play! ;) Take care, Mr. W. (This is not a trick question. Any answer you choose is correct) :)\*

*Mark only one oval.*

- You are welcome Mr. Walulik.
- Ok!
- I don't want to play. I'm going to do something else.
- First, I'm going to go on another learning website. Then maybe I'll go play or do something else.

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