

Pre-Service Teacher Survey

In this survey, we use the terms *screens* and *digital devices* interchangeably to refer to personal electronic devices such as laptops, desktop computers, iPads, smart phones and smart watches. It does not include televisions or interactive whiteboards.

ABOUT YOU

University	[multiple choice]
Type of Initial Teacher Education program	Undergraduate Postgraduate
Approximately how much of the program have you completed?	25% or less 26-50% 51-75% More than 75%
Specialisation	Early Childhood Primary Education Secondary Education Special Education Other: _____
Teaching area (if applicable)	[multiple choice + free text]
Your gender	[open-ended textbox]
Your age	Under 20 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-79 70+
Are you Aboriginal and/or Torres Strait Islander?	No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

1. Have you completed any Professional Experience teaching days?*

- ☐ Yes [If yes, reveal the following section on USAGE]
 - ☐ How many days? _____
- ☐ No

USAGE

2. I am completing / completed practical experience in a school where students use (select all that apply)

- ☐ School desktop computers
- ☐ School laptops
- ☐ School iPads/tablets
- ☐ BYOD laptops
- ☐ BYOD iPads/tablets
- ☐ Other: _____

3. Comment (e.g., if this differs by year level): _____

4. The school provides device monitoring software to staff:

- ☐ Yes
- ☐ No

Thinking about the school where you had your professional experience, do you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. Students have/had good access to digital devices for learning in class	☐	☐	☐	☐	☐
6. There is/was good internet access at the school	☐	☐	☐	☐	☐
7. There is/was good technical support at the school	☐	☐	☐	☐	☐
8. The school leadership is/was supportive of integrating technology	☐	☐	☐	☐	☐
9. My professional experience teacher is/was supportive of having students use digital technologies in classes	☐	☐	☐	☐	☐
10. I feel prepared to help students effectively use digital devices for learning in my classes	☐	☐	☐	☐	☐

PERCEPTIONS OF MAXIMUM USAGE

Do you think there should be a recommended amount of maximum screen use per school day for students. If yes, what do you think the limit should be?

11. at school for learning: No/ Not sure/ Yes | ____ hr(s) or ____ min(s)
12. at school for leisure: No/ Not sure/ Yes | ____ hr(s) or ____ min(s)
13. outside of school for learning: No/ Not sure/ Yes | ____ hr(s) or ____ min(s)

Please comment if you think different limits should apply for different age levels, subjects, or other reasons.

PERCEPTIONS ABOUT SCREEN USE FOR LEARNING:

Do you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
14. Using digital devices in my classes will help my students learn better	☐	☐	☐	☐	☐
15. Using digital devices will be important to develop students' digital literacies	☐	☐	☐	☐	☐
16. There will be cybersafety issues when students use technologies in my classes	☐	☐	☐	☐	☐
17. There will be wellbeing issues when students use technologies in my classes.	☐	☐	☐	☐	☐
18. There will be equity issues when students use technologies in my classes.	☐	☐	☐	☐	☐
19. My university studies have helped me to understand how students can use screens effectively for learning	☐	☐	☐	☐	☐
20. My professional experience placements have helped me to understand how students can use screens effectively for learning	☐	☐	☐	☐	☐
21. The benefits of using technologies in class outweighs the possible disadvantages	☐	☐	☐	☐	☐

BELIEFS ABOUT STUDENTS' SELF REGULATION:

	Never	Rarely	Sometimes	Often	Always
22. Screen use will have negative effects on my students' social interactions in class	☐	☐	☐	☐	☐
23. My students will be able to turn their attention away from screens when asked	☐	☐	☐	☐	☐
24. My students will get easily distracted by unrelated content when they use screen in class	☐	☐	☐	☐	☐
25. My students will be easily distracted by other students when using screens in class	☐	☐	☐	☐	☐

CO-REGULATION:

	Never	Rarely	Sometimes	Often	Always
26. I will try to limit the amount that students use screens in my classes.	☐	☐	☐	☐	☐
27. I will talk with students about how and when they should use their digital devices	☐	☐	☐	☐	☐
28. I will communicate with parents about how students should use digital devices at home for learning	☐	☐	☐	☐	☐

OPEN-ENDED QUESTIONS

30. What do you believe to be the best ways to have students use digital devices in the classroom?

31. What do you see as the key challenges in using digital devices in the classroom?

32. What strategies do you have for managing your students' use of digital devices in the classroom?

33. Any other comments.

You have now completed the survey, thank you!

As a second stage of this research, we will be conducting follow-up **focus groups**.

- If you choose to participate, you will be invited to join in a **focus group** with other pre-service teachers in your university, **held on-campus or online** during a mutually convenient time. The focus group will be **30-45 minutes** long and participants will be asked about their beliefs about effective approaches to teaching with technology and managing screens in the classroom.
- The focus group will be **video-recorded** for transcription. We also hope to use some of the footage in a best practice toolkit across the state. If your segment has been chosen, we will contact you again to ask for your permission.
- Please note that, depending on the number of respondents, the research team may not be able to contact everyone who expressed interest. Participants will be selected to ensure a diverse range of demographics and opinions are represented.

Would you like to participate in a follow-up focus group?

- ☐ Yes, and I give permission for the research team to identify my survey response to assess the suitability of my participation in the focus group. [reveal the 3 sub-questions if selected]

Please leave us your details so we can contact you about the focus group.

- ☐ Your name: _____
- ☐ Email: _____
- ☐ Phone number: _____
- ☐ No, I understand that this means my response remains completely anonymous.

[Submit]

{NEW SURVEY}

Are you interested in (please select):

- ☐ Entering the lucky prize draw
- ☐ Receiving a summary of results and a best practice toolkit at the end of the project

If so, please enter your email address below. Note that your email address is not linked to your survey results. We will not share your email address with anyone else, and will only use it for purposes you selected above.

Email: _____

[Submit]