

# Technology Survey



Name:  
Date:  
Class:

**Directions:**

For each technology listed, place a check mark in the second and third columns if this resource is available to you.

Then, rate yourself on your experience and comfort levels with each one of them, using this scale:

- |                        |  |
|------------------------|--|
| 4 Very experienced     | 4 Very comfortable using this technology     |
| 3 Experienced          | 3 Comfortable using this technology          |
| 2 Somewhat experienced | 2 Somewhat comfortable using this technology |
| 1 No experience        | 1 Not comfortable using this technology      |

For each activity listed, place a check mark in the locations where you have the proper equipment to complete the activity. Then rate your experience and comfort levels with this activity using the same scale as above.

	Available at school (√)	Available at home (√)	Experience level	Comfort level
<b>Technology</b>				
Computer				
Internet browser				
Internet				
Word processing software				
Data base software				
Other software (List)				
Digital camera				
VCR				
CD or MP3 player				

# Technology Survey



	Available at school (√)	Available at home (√)	Experience level	Comfort level
<b>Activities</b>				
Writing using a computer				
Emailing				
Instant messaging				
Creating CDs				
Desktop Publishing				
Web site development and maintenance				
Coding/programming				
Troubleshooting problems				
Creating and maintaining local area networks (LANs)				
Setting up PCs				
Installing software				