

## Follow-Up Survey

To be completed with a community member at regular intervals as a matter of checking in, and also to record any growth in their learning.

**\* Required**

Name of Community Member \*

Your answer

Were you able to accomplish your digital literacy goal? \*

- Yes
- No

I feel confident using the Internet

Strongly Disagree      Strongly Agree

I know how to keep my information safe and secure online \*

- Yes
- No

Can we contact you to follow-up on your experience with this program? \*

- Yes
- No

If yes, please include the best way to contact you \*

Your answer

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