

Tech Goes Home Pre-Training Survey

* 1. First Name

* 2. Last Name

* 3. Adult's Email address

* 4. Adult's Gender

- Female
- Male
- Non-binary / third gender
- Prefer not to say
- Prefer to self-describe (please specify)

* 5. Adult's Date of Birth (MM/DD/YYYY)

* 6. With which group do you most identify?

You may select more than one option.

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African-American, Non-Hispanic | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native American or Alaskan Native | |

* 7. What is your age?

- | | |
|-----------------------------|-----------------------------|
| <input type="radio"/> 18-21 | <input type="radio"/> 50-59 |
| <input type="radio"/> 22-29 | <input type="radio"/> 60-69 |
| <input type="radio"/> 30-39 | <input type="radio"/> 70+ |
| <input type="radio"/> 40-49 | |

* 8. What is your highest educational level?

- | | |
|---|--|
| <input type="radio"/> Grade 0-8 | <input type="radio"/> Some college/AA |
| <input type="radio"/> Grade 9-12 (Non-graduate) | <input type="radio"/> College graduate |
| <input type="radio"/> High school graduate or GED | <input type="radio"/> Post graduate |

* 9. What is your employment status?

- | | |
|---------------------------------|----------------------------------|
| <input type="radio"/> Part-time | <input type="radio"/> Unemployed |
| <input type="radio"/> Full-time | |

* 10. What is your approximate annual household income?

- | | |
|---|---|
| <input type="radio"/> Under \$4,999 | <input type="radio"/> \$15,000-\$19,999 |
| <input type="radio"/> \$5,000-\$7,499 | <input type="radio"/> \$20,000-\$29,999 |
| <input type="radio"/> \$7,500-\$9,999 | <input type="radio"/> \$30,000-\$39,999 |
| <input type="radio"/> \$10,000-\$14,999 | <input type="radio"/> \$40,000 or over |

* 11. How many members are in your household (including yourself)?

* 12. Do you have school-aged children in your household?

- Yes
- No

* 13. Have you participated in any Tech Goes Home class before?

- Yes
- No

* 14. What is the main reason you decided to participate in Tech Goes Home?

- For the computer or tablet
- For the training
- To meet new people
- To get to know the resources and staff at this school/organization
- To help prepare my child for kindergarten
- To spend time learning with my child

* 15. Which devices do you use at home?

You may select more than one option.

- Desktop computer
- Laptop
- Tablet (iPad, Kindle Fire, LG Tablet, etc)
- Mobile phone
- None

* 16. How many internet-capable devices do you have at home?

- None
- 1
- 2
- 3
- 4
- 5+

* 17. Which best describes your level of computer skills?

- Expert. I can troubleshoot problems myself and rarely (if ever) need help.
- Skilled. I use a computer frequently and do several things very well. I sometimes need assistance.
- Average. I regularly use technology at home or work, but I need help for new or unfamiliar tasks.
- Learning. I can do basic tasks, but I frequently need help for new ones.
- Beginner. I rarely use or have never used a computer.

* 18. How do you access the Internet in your home?

You may select more than one option.

- Home Wi-Fi Router or Network (Cable, DSL, Satellite, etc.)
- Personal Hotspot
- Mobile/Cellphone Data Plan
- I do not have access to the Internet

19. If you have a home wi-fi router, what service do you use?

Leave this question blank if none.

- | | |
|--|--|
| <input type="radio"/> EPB, full-price | <input type="radio"/> AT&T Access (reduced cost) |
| <input type="radio"/> EPB Netbridge (reduced cost) | <input type="radio"/> AT&T U-verse |
| <input type="radio"/> Comcast/Xfinity | <input type="radio"/> PCs for People / Mobile Beacon |
| <input type="radio"/> Comcast Internet Essentials (reduced cost) | <input type="radio"/> Provided through HUD or Public Housing |
| <input type="radio"/> AT&T | <input type="radio"/> I don't know |

20. If you have a mobile data plan, which service do you use?

Leave this question blank if none.

- | | |
|--|------------------------------------|
| <input type="radio"/> AT&T | <input type="radio"/> T-Mobile |
| <input type="radio"/> Cricket | <input type="radio"/> Verizon |
| <input type="radio"/> Sprint | <input type="radio"/> I don't know |
| <input type="radio"/> Other (please specify) | |

* 21. Have you ever changed or cancelled your Internet subscription (wi-fi or mobile data) because it was too expensive?

- Yes
- No
- I have never had an internet service

* 22. Which type of Tech Goes Home class are you taking?

- | | |
|---|--|
| <input type="radio"/> Community (Adults 18+) | <input type="radio"/> Office Ready |
| <input type="radio"/> School (with school-aged child) | <input type="radio"/> Small Business |
| <input type="radio"/> Early Childhood (with PreK child) | <input type="radio"/> HCDE Teacher Edition |

Community Locations

23. Please select your program location:

- Destiny Church of Chattanooga
- Love's Arm
- The Next Door
- Signal Centers
- Urban League
- YFD Foster Grandparents

* 24. Is this the first activity or program that you have participated in at this organization?

- Yes
- No

* 25. For which activities do you and other household members use the internet?

You may select more than one option.

- | | |
|---|---|
| <input type="checkbox"/> Schoolwork | <input type="checkbox"/> Social media (Facebook, Instagram, Pinterest, etc) |
| <input type="checkbox"/> Research / General information | <input type="checkbox"/> Communication (Email, chatting, video calls) |
| <input type="checkbox"/> Paying bills | <input type="checkbox"/> Watching TV or Movies (i.e. Netflix) |
| <input type="checkbox"/> Job search | <input type="checkbox"/> Playing games |

* 26. Do you use any of the following City resources online?

You may select more than one option.

- | | |
|---|---|
| <input type="checkbox"/> 311 | <input type="checkbox"/> Chattanooga.gov |
| <input type="checkbox"/> Bike Chattanooga | <input type="checkbox"/> Chattanooga Public Library |
| <input type="checkbox"/> CARTA Schedule | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Other (please specify) | |

* 27. Do you use any of the following job-related resources online?

You may select more than one option.

- | | |
|---|--|
| <input type="checkbox"/> Job search | <input type="checkbox"/> Unemployment assistance |
| <input type="checkbox"/> Resume building | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Training programs | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Other (please specify) | |

* 28. In which ways do you manage your finances?

You may select more than one option.

- | | |
|--|---|
| <input type="checkbox"/> Visit my bank in person | <input type="checkbox"/> Bank online |
| <input type="checkbox"/> Check-cashing stores | <input type="checkbox"/> Budget using online programs or apps |
| <input type="checkbox"/> Payday loan stores | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Other (please specify) | |

School Locations

* 29. Please select your school location:

- East Brainerd Elementary
- East Ridge Elementary School
- Hillcrest Elementary
- Hixson Middle
- Red Bank Middle
- Spring Creek Elementary
- Tyner Academy

* 30. What is your participating child's name?

* 31. What is your child's gender?

- Female
- Male
- Non-binary / third gender
- Prefer not to say
- Prefer to self-describe (please specify)

* 32. What is your child's date of birth? (MM/DD/YYYY)

* 33. Do you think having access to technology/internet is important for your child's success in school?

- Yes, very important
- Yes, somewhat important
- No, not at all important

* 34. Do you use any of the following digital school resources?

You may select more than one option.

- | | |
|---|--|
| <input type="checkbox"/> Power School | <input type="checkbox"/> View online school calendar |
| <input type="checkbox"/> Email teachers | <input type="checkbox"/> None of these |
| <input type="checkbox"/> View school or teacher's website | |
| <input type="checkbox"/> Other (please specify) | |

* 35. Which best describes your child's level of computer skills?

- | | |
|--|---|
| <input type="radio"/> Expert. He/she can figure anything out. | <input type="radio"/> Somewhat skilled. He/she can do basic tasks but frequently requires assistance for something new. |
| <input type="radio"/> Skilled. He/she regularly uses a computer but sometimes gets stuck and needs assistance. | <input type="radio"/> Beginner. He/she rarely uses or has never used a computer before. |

* 36. Does your child use a laptop or tablet provided by his/her school?

- Yes
- No

37. If so, how often does your child bring the device home to complete schoolwork?

- | | |
|--|---|
| <input type="radio"/> Every day | <input type="radio"/> A few times a month |
| <input type="radio"/> A few times a week | <input type="radio"/> Once a month |
| <input type="radio"/> Once or twice a week | <input type="radio"/> Never |

* 38. How often does your child's school assign online homework?

- | | |
|--|---|
| <input type="radio"/> Every day | <input type="radio"/> A few times a month |
| <input type="radio"/> A few times a week | <input type="radio"/> Once a month |
| <input type="radio"/> Once or twice a week | <input type="radio"/> Never |

* 39. Does your child have any of the following plans currently in place?

You may select more than one option.

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> IFSP (Individualized Family Service Plan) | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> IEP (Individualized Education Plan) | <input type="checkbox"/> None |

Early Childhood Locations

* 40. Please select your school or organization location:

- Chambliss Children's Center
- Little Miss Mag
- Signal Centers
- Woodmore Elementary

* 41. What is your participating child's name?

* 42. What is your child's gender?

- Female
- Male
- Non-binary / third gender
- Prefer not to say
- Prefer to self-describe (please specify)

* 43. What is your child's date of birth? (MM/DD/YYYY)

* 44. For which activities do you use a computer, tablet, or mobile device?

You may select more than one option.

- | | |
|--|--|
| <input type="checkbox"/> Reading with my child | <input type="checkbox"/> Practicing writing with my child |
| <input type="checkbox"/> Using alphabet or letter recognition apps | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Using vocabulary apps | <input type="checkbox"/> I do not own any of these devices |

* 45. In a typical week, how often does someone in your home read to your child?

- | | |
|--|---|
| <input type="radio"/> Every day | <input type="radio"/> A few times a month |
| <input type="radio"/> A few times a week | <input type="radio"/> Once a month |
| <input type="radio"/> Once or twice a week | <input type="radio"/> Never |

* 46. In a typical week, how often does someone in your home do learning activities or games with your child?

- | | |
|--|---|
| <input type="radio"/> Every day | <input type="radio"/> A few times a month |
| <input type="radio"/> A few times a week | <input type="radio"/> Once a month |
| <input type="radio"/> Once or twice a week | <input type="radio"/> Never |

* 47. Is your child enrolled in any of the following?

You may select more than one option.

- | | |
|---|--|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Daycare or Aftercare | <input type="checkbox"/> None of these |

* 48. Does your child have any of the following plans currently in place?

You may select more than one option.

- | | |
|--|--|
| <input type="checkbox"/> IFSP (Individualized Family Service Plan) | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> IEP (Individualize Education Plan) | <input type="checkbox"/> None of these |

Office Ready

* 49. Please select your program location:

- Orchard Knob Elementary
- Other (please specify)

* 50. What is your primary reason for taking Office Ready?

- To improve my computer skills for my current job/position
- To improve my computer skills to obtain another position or promotion
- To gain employment
- Other (please specify)

* 51. Which skills or programs are you most hoping to learn during this course?

You may select more than one option.

- Word / Docs
- Excel / Spreadsheets
- Powerpoint / Presentations
- Other (please specify)

HCDE Teacher Edition

* 52. At which location are you taking this course?

- Orchard Knob Elementary
- Chattanooga State

* 53. At which school will you work in the Fall?

* 54. What is your job title, including grade levels?

* 55. What do you most want to learn from Tech Goes Home to use in your classroom?

You may select more than one option.

- Basics of Google Drive
- Adding technology to your classroom
- Google Apps and extensions to use with Chrome
- Other applications or websites (please specify)

* 56. How many working computers do you have in your classroom?

Small Business

* 57. Select your program location:

- LAUNCH
- Chattanooga Public Library (Downtown)

* 58. What is the name of your business?

* 59. How frequently do you use technology, social media, and the Internet in your business?

- Not at all
- Very little
- Fair amount of the time
- Quite a bit
- All the time

* 60. What do you, as a small business owner, use the Internet for?

You may select more than one option.

- Point of sale (PayPal, Square, etc)
- Online sales (Website, Etsy, Ebay, etc)
- Searching for clients
- Advertising and marketing
- Budgeting/Invoicing
- Other (please specify)
- General research
- Email, chatting, or video conferencing
- Watching training videos
- Social media
- I do not use the Internet for any of these