

Follow-up Form

This survey should be completed by a community member at the completion of their final interaction or it should be sent to them (via email or text) within 1 week after their final interaction to complete.

* Required

1. **Name*:**
2. **Which digital navigator(s) did you work with?**
3. **Progress toward technology goals:** Please indicate how much progress you made toward each of the goals you set out to achieve.
 - ☐ Totally Accomplished
 - ☐ Made a Lot of Progress
 - ☐ Made a Little Progress
 - ☐ Made No Progress
4. **Do you have any new digital skills goals you would like to work toward?**
5. **How confident are you in your ability to find resources for future training and technology needs on your own?**
 - ☐ Completely Confident
 - ☐ Mostly Confident
 - ☐ Somewhat Confident
 - ☐ Not At All Confident
6. **During your interactions with the Digital Navigator Program, were services delivered in a way that met your needs and that made you feel comfortable and respected?** (For example, were services offered in a language you could understand; were your accessibility needs met; were your cultural norms considered and respected?)

If no, what could have been done differently?

Digital Navigator Template: digitalinclusion.org/dn

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7. May we contact you to follow-up on your experience with this program?
If yes, please include the best way to contact you.

8. Is there anything else you would like to share?

Follow-Up for Impact Stories

9. May we contact you to follow-up on your experience with this program?

- ☐ Yes
- ☐ No

10. If yes, please include the best way to contact you

- ☐ Phone call
- ☐ Text message
- ☐ Email

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