

ABC Connect for Learning learner survey

Help us make our program better. Your answers on this survey will help us understand where we're making a difference and how we can do better. Answer only the questions you're comfortable with. We'll keep all of your answers private.

1. Organization:

2. Date:

3. What workbook or activity did you use? Select all that apply.

- Workbook: Searching safely online
- Workbook: Getting started online
- Activity: _____
- Other: _____

4. Select a number to show how much you agree with the following statements.

(1=Strongly disagree, 5=Strongly agree)

	Disagree					Agree
	1	2	3	4	5	
This workshop helped me feel good about my digital skills.	1	2	3	4	5	
This workshop taught me how to stay safe online.	1	2	3	4	5	
Because of this workshop, I feel more confident about my digital skills.	1	2	3	4	5	
Because of this workshop, I plan to use the internet more often.	1	2	3	4	5	
Because of this workshop, I know where I can go to learn more about using the internet.	1	2	3	4	5	

5. What are the three most important or useful things you learned in this workshop?

1. _____

2. _____

3. _____

6. What was your favourite thing about this workshop?

7. Circle a number to show how satisfied you were with the workshop
(1=Not satisfied, 5= Very satisfied):

Not Satisfied			Very Satisfied	
1	2	3	4	5

8. Would you recommend this workshop to others?

- Yes No
 Maybe Don't know

9. How can we make this workshop better?

10. Which province or territory do you live in?

- | | |
|----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> British Columbia | <input type="checkbox"/> Nova Scotia |
| <input type="checkbox"/> Alberta | <input type="checkbox"/> Prince Edward Island |
| <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Northwest Territories |
| <input type="checkbox"/> Manitoba | <input type="checkbox"/> Nunavut |
| <input type="checkbox"/> Ontario | <input type="checkbox"/> Yukon Territory |
| <input type="checkbox"/> Quebec | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> New Brunswick | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Newfoundland and Labrador | |

11. Your age:

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Under 21 | <input type="checkbox"/> 51 to 60 |
| <input type="checkbox"/> 21 to 30 | <input type="checkbox"/> 61 to 64 |
| <input type="checkbox"/> 31 to 40 | <input type="checkbox"/> Over 64 |
| <input type="checkbox"/> 41 to 50 | |

12. Your gender identity:

- | | |
|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Man | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Other: _____ |

13. Your first language:

- English
- French
- Indigenous language: _____
- Other: _____

14. Check all the groups that you identify as a member of:

- | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Member of a visible minority group in Canada (non-white) | <input type="checkbox"/> Person who lives in a rural or remote area |
| <input type="checkbox"/> Newcomer to Canada | <input type="checkbox"/> Person from an Official Language Minority Community |
| <input type="checkbox"/> Refugee | <input type="checkbox"/> Person who doesn't speak English or French at home |
| <input type="checkbox"/> First Nations Inuit | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Métis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Person with a disability | |
| <input type="checkbox"/> Person with a low income | |

15. What is your highest level of education?

- | | |
|-----------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Elementary or junior high school | <input type="checkbox"/> College |
| <input type="checkbox"/> High school | <input type="checkbox"/> University |
| <input type="checkbox"/> CEGEP (Quebec) | <input type="checkbox"/> Prefer not to say |



16. Thank you for taking the time to fill out this survey! To show our appreciation, we're sending a \$20 e-gift card to the first 100 people who complete this survey. Please note that the gift card is only available to surveys completed for the *ABC Internet Matters* program. If you'd like to receive your e-gift card, please provide your email address:

Name: _____

Email: _____

