

Making the Internet Safer for Children and Families
A national 501(c)(3) organization

Attendee Sign-In Sheet

Name: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____
Telephone: _____
Cell: _____

Post-Program Questionnaire
Take 5 minutes at end of class to complete

1. I feel that the Internet Safety 101SM teaching program is:
 - a. Excellent
 - b. Good
 - c. Satisfactory
 - d. Unsatisfactory
 - e. Poor
2. My knowledge and understanding of Internet safety issues as a result of the Program:
 - a. Increased greatly
 - b. Increased somewhat
 - c. Stayed about the same
 - d. No change
3. My knowledge and use of Internet safety recommendations and tools as a result of the Program:
 - a. Increase greatly
 - b. Increased somewhat
 - c. Stayed about the same
 - d. No change
4. I will (mark all that apply):
 - a. Purchase the program myself
 - b. Use what I learned with my family
 - c. Use/teach others
 - d. Not use
5. I am interested in using:
 - a. Internet Safety 101SM Video Vignettes
 - b. Internet Safety 101SM DVD Teaching Series
 - c. Internet Safety 101SM Rules ‘N Tools Booklet
 - d. Internet Safety 101SM Workbook & Resource Guide
 - e. All of the above
6. I believe adult audiences would be interested in purchasing a copy of the following Internet Safety 101SM program components:
 - a. 101 DVD Teaching Series
 - b. 101 Workbook and Resource Guide
 - c. 101 Rules ‘N Tools Booklet
 - d. 101 Handouts
 - e. All of the above
7. I am interested in becoming an Internet Safety 101SM Program Facilitator.
 Yes No Maybe

_____ I am interested in receiving email updates from EIE on Internet Safety information.

_____ I am interested in referrals from citizen organizations in my community requesting Internet safety training.