

dMAC Student Pre-program Questionnaire

1.

This form is designed to help us understand how you are using technology for learning and entertainment. Your name will not be used in the reporting of this information. Thank you for completing this survey.

1. Site Name

2. Student Name

3. What is your school and grade level?

Name of School

Grade Level

4. Date of Survey

5. Email Address

6. Cell Phone Number

7. Do you have a smart phone? If yes, which one?

The type of phone I have is...

Do not have a smart phone.

8. Do you have access to the Internet? If yes, please check all sources of Internet access that apply.

- School
- Library
- Home
- Recreation Center
- Public cafe/coffee shop
- Cell phone
- Do not have access to the Internet

Other (please specify)

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9. Which type of production technology do you own or have regular access to? (Check all that apply)

- Desktop computer
- Laptop computer
- Camcorder
- Still camera
- Audio recorder
- DJ equipment
- I do not have access to any production-related equipment

Other (please specify)

10. If you have a computer at home, how often do you use it in a week?

- Daily
- 3-5 times a week
- 1-2 times a week
- Do not have a computer

Other (please specify)

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11. Which of the following activities do you use the internet for? (Check all that apply)

	Frequently	Sometimes	Rarely	Never
News	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research articles or books for class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Search or apply for jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Find local events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch videos on YouTube	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook or other social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send or receive instant messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send or receive email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post and/or edit photos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send or receive photos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post and/or edit videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send or receive videos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Design Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Produce music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Design websites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Update or write comments on blog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Purchase products or services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Banking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

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12. How many of your classes at school have computers in the classroom?

- None
- 1
- 2
- 3-4
- All

Other (please specify)

13. Please indicate your digital skills. (Check all that apply)

	None	Some	A little	Experienced
Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio recording	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video editing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio editing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you have a Facebook account? If so, what is your profile name?

Yes, my profile name

is

Do not have a

Facebook account.

15. Do you use Twitter? If so, what is your Twitter profile name?

Yes, my Twitter profile

name is

Do not have a Twitter

account.

16. What do you hope to learn in the digital media arts program?

17. Instructor/Project Manager's Name