

Online Self Defense Evaluation

Your feedback helps us to improve and offer future programming.

1. How confident do you feel about online security? Answer before class begins

Mark only one oval.

1 2 3 4 5

Not at all confident Very confident

2. How confident do you feel about online security after taking this class?

Mark only one oval.

1 2 3 4 5

Not at all confident Very confident

3. What is one thing you learned during this class?

4. Are you interested in learning more advanced security and privacy skills?

Mark only one oval.

- Yes
- No *Stop filling out this form.*

5. What topics would you like to learn more about? (select all that apply)

Check all that apply.

- Social Media Settings
- Children and Teen Privacy and Safety
- Virtual Private Networks
- Tor
- Encryption
- Apps and Tools
- Threat Modeling
- Smartphone Settings
- Other: _____