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: ________________________________