



**THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF
NEW YORK/ ALBANY, NY 12234**

**ADULT CAREER AND CONTINUING EDUCATION
SERVICES ADULT EDUCATION PROGRAMS AND
POLICY**

EPE DISTANCE EDUCATION SCREENING TOOL

First Name: _____

Last Name: _____

Email Address: _____

Name of the adult education program where you are enrolled:

Your answers to the questions below will help you and your teacher decide if Distance Education may work well for you.

For each question, choose only one (1) answer from the choices listed for that question.

1. At home, I have a quiet place where I can study for this Distance Education program:

- Rarely available
- Sometimes available
- Always available

2. I am someone who:

- Sometimes gets busy with other things and puts things off until the last minute.
- I may need to be reminded to get things done on time.
- Always gets things done on-time or ahead of time.

3. When I think about all the things I do in a typical week (e.g., work, family, social activities, etc.), the amount of time I have each week for a distance education class is:

- Less than 6 hours
- 6-9 hours
- 10 hours or more

4. I am willing to attend in person classes when I need help with my distance education packet:

- Yes
- No

5. I can communicate effectively without face-to-face interaction with my classmates or my instructor:

- Yes
- No

6. Feeling that I am part of a class is:

- Very important to me
- Somewhat important to me
- Not important to me

7. Discussions in a class are:

- Very useful to me. I almost always take part in class discussions.
- Somewhat useful to me. I sometimes take part in class discussions.
- Not very useful to me. I don't usually take part in class discussions.

8. When an instructor gives out directions for an assignment, I prefer to:

- Have the directions explained to me.
- Try to follow the directions on my own, then ask for help if I need it.

9. When I have a writing assignment for class or work, I think of my writing skills as:

- Weak. I find it hard to express myself in writing.
- Average. I can express myself fairly well in writing, but sometimes have difficulty.
- Good. I am comfortable expressing myself in writing.

10. My access to the internet:

- I have regular access to a computer at home (Desktop Personal Computer, Laptop Computer, or Tablet) that is connected to the Internet.
- I have easy, regular access, near my home, to a computer (Desktop Personal Computer, Laptop Computer, or Tablet) that is connected to the internet.
- My only internet access is my cell phone.

11. I have an email account, and I know how to send email and open email I receive :

- Yes
- No

12. I know how to attach documents to an email before I send it:

- Yes
- No

13. I know how to use a Web browser, like Fire Fox or Google Chrome:

- Yes
- No

14. I am familiar with and know how to use a word processing program, like Microsoft Word:

- Yes
- No

15. I can copy and paste text from one document to another:

- Yes
- No

16. I can save, find, and open a file on my computer:

- Yes
- No

17. I know how to create and how to use file folders on my computer:

- Yes
- No

18. I am able to download, upgrade, and install software on my computer:

- Yes
- No

19. I am willing to spend several hours at a time working with my computer:

- Yes
- No

20. People have different reasons for taking a distance education course. For each reason listed below, check Yes or No to indicate whether it is a reason why you are interested in joining this distance education program:

- | | | |
|--|------------------------------|-----------------------------|
| I live too far from this or any adult education program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I need to take care of my family when classes are held at school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I work at a job during the times classes are held at school | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I can only study nights or weekends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I don't have transportation to get to classes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have medical problems that make it hard for me to attend classes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I learn better by myself, rather than in a group | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I like using computers and I thought this might be a good way to learn | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I don't feel comfortable in a classroom, I like studying alone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

21. In the last five (5) years, have you taken a classroom course in an adult literacy program where you studied reading, writing, or math?

- Yes
- No

22. About how far away is the nearest adult literacy program from where you live? (Check one please)

- Less than 5 miles
- 6 -10 miles
- More than 10 miles

23. If this class was not available to study at home, would you take a class in person instead?

- Yes
- No

Student Signature

Date