

## Classroom Technology Needs Survey

1. What is your first name?

2. Overall, how would you rate your own personal technology skills?

- Below Basic
- Basic
- Proficient
- Advanced

3. How often do you currently use technology in your classroom?

- Daily
- Twice a Week
- Every Other Week
- A Couple of Times a Semester
- Rarely

4. What types of technology do you currently use in your classroom? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Google Classroom                                       | <input type="checkbox"/> Padlet                         |
| <input type="checkbox"/> Google Docs  | <input type="checkbox"/> QR Codes                       |
| <input type="checkbox"/> Google Forms   | <input type="checkbox"/> Augmented Reality              |
| <input type="checkbox"/> Google Sheets  | <input type="checkbox"/> GoNoodle Brain Breaks          |
| <input type="checkbox"/> Google Slides  | <input type="checkbox"/> Symbaloo (Social Bookmarking)  |
| <input type="checkbox"/> Google Drawings  | <input type="checkbox"/> Diigo (Social Bookmarking)     |
| <input type="checkbox"/> Google Drive   | <input type="checkbox"/> ThingLink (Interactive Images) |
| <input type="checkbox"/> Google Maps  | <input type="checkbox"/> Blogging                       |
| <input type="checkbox"/> Microsoft Office Tools (Word, PowerPoint, Excel, etc.) | <input type="checkbox"/> Podcasting                     |
| <input type="checkbox"/> Plickers   | <input type="checkbox"/> Avatars                        |
| <input type="checkbox"/> Kahoot   | <input type="checkbox"/> Digital Storytelling           |
| <input type="checkbox"/> Edmodo   | <input type="checkbox"/> Digital Photo Editing          |

Other (please specify)

5. What types of technology would you like to use (or at least learn more about using) in your classroom? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Google Classroom                                       | <input type="checkbox"/> Padlet                         |
| <input type="checkbox"/> Google Docs  | <input type="checkbox"/> QR Codes                       |
| <input type="checkbox"/> Google Forms   | <input type="checkbox"/> Augmented Reality              |
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| <input type="checkbox"/> Kahoot   | <input type="checkbox"/> Digital Storytelling           |
| <input type="checkbox"/> Edmodo   | <input type="checkbox"/> Digital Photo Editing          |

Other (please specify)

6. In what subject areas do you currently use technology?

- Math
- ELA
- Science
- Social Studies

Other (please specify)

7. In what subject areas would you like to increase your use of technology?

- Math
- ELA
- Science
- Social Studies

Other (please specify)

8. Please list 3 technology goals you have set for yourself and your classroom for this school year.

9. How would you like to receive assistance to increase technology use in your classroom? Check all that apply.

- Help Gathering Resources
- Co-Planning for Technology Lessons
- Co-Teaching for Technology Lessons
- Lesson Demonstration
- One-On-One Coaching

Other (please specify)

10. Any other technology questions, comments, or concerns?

Done

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