

ROTA & iEARN-Qatar Pre-Workshops Survey

Please take some time to answer the following questions.

This survey will help us in defining the participants' previous knowledge related to our workshops in order to best address their needs.

Name:	School:
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Part 1. Teaching Experience			
Number of years of teaching experience	<input type="checkbox"/> 0-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 5 or more years
Grade levels taught	<input type="checkbox"/> Primary	<input type="checkbox"/> Preparatory	<input type="checkbox"/> Secondary
Subject(s) that you taught throughout your teaching experience	<input type="checkbox"/> Languages	<input type="checkbox"/> Math &/or sciences	<input type="checkbox"/> Humanities <input type="checkbox"/> Others
Part 2. Previous Experience in Project-Based and Online Collaborative Learning			
Have you done a curriculum based project with your students before?	<input type="checkbox"/> Yes Project Title:		<input type="checkbox"/> No
Have you heard about iEARN projects and network before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you done an iEARN project with your students before? (if yes please mention which project)	<input type="checkbox"/> Yes Project Title:		<input type="checkbox"/> No
Are you a member of an online collaborative educational network? (if yes please mention the URL of the network)	<input type="checkbox"/> Yes URL:		<input type="checkbox"/> No
Have you participated in an online professional development course before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you built an online or digital portfolio before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you have access to the Internet for you and your students available?	<input type="checkbox"/> always	<input type="checkbox"/> sometimes	<input type="checkbox"/> limited
How familiar are you with Internet technologies? (i.e. Chat, Blog, Discussion Forum)	<input type="checkbox"/> Very familiar	<input type="checkbox"/> Some familiar	<input type="checkbox"/> Not familiar
Have your students worked online with other students before?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Please write down any additional comments below.

Teachers, please kindly upload this document to the online registration form in order to complete your registration.