

# Adult Learner Remote Learning Preparedness Form

Full Name

Email Address

Phone Number

## Technology Access

Do you have access to a computer, laptop, or tablet for remote learning?

Do you have reliable internet access at home?

## Learning Environment

Do you have a quiet place to participate in remote classes?

Do you have any daytime responsibilities (children, work, etc) that could affect your participation?

## Skills & Support

How comfortable are you with using online learning platforms?

Would you like training or support to improve your technology skills?

## Additional Comments

Please share anything else we should know to support your remote learning experience:

