

Technology at Home

How confident do you feel your child is?



Name:	Date:			
Technology walk: Please walk around your home with your child. Talk with them as you walk and look around the rooms. Write down all the items or objects around the home THEY tell you are using technology.				
Opportunities to use technology: Please can you write down anything involving technology your child uses and how confident they are to use it – Thank you				
Item they use:	How confident is YOUR CHILD about using it? (circle)			How confident do YOU feel they are at using it? (circle)
	00	00	00	(Confident) 5 4 3 2 1 (Not confident)
	00	00	00	(Confident) 5 4 3 2 1 (Not confident)
	00	00	00	(Confident) 5 4 3 2 1 (Not confident)
	00	00	00	(Confident) 5 4 3 2 1 (Not confident)
	00	00	00	(Confident) 5 4 3 2 1 (Not confident)
	00	00	00	(Confident) 5 4 3 2 1 (Not confident)
	00	00	00	(Confident) 5 4 3 2 1 (Not confident)
	00	00	00	(Confident) 5 4 3 2 1 (Not confident)
Any comments you would like to make about your child's use of technology:				