



Level 1 Online Instruction Survey

Date: _____

Name: _____

Address: _____

Email: _____ Phone: _____

- | | Yes | No |
|---|-----|-----|
| 1. Have you taken an online class? | [] | [] |
| 2. Have you taught an online class? | [] | [] |
| 3. Do you have any knowledge of online classes? | [] | [] |

Example:			
Course Title: <u>Fire Investigation</u>			
Teaching Options:	Classroom Only []	Hybrid [X]	All Online []
			Classroom Hours
LD: <u>Fire Patterns</u>			<u>16</u>

Course Title: _____

Teaching Options: Classroom Only [] Hybrid [] All Online []

Classroom Hours

LD: _____

LD: _____

LD: _____

LD: _____

LD: _____

LD: _____

LD: _____

LD: _____

LD: _____

LD: _____

**Return by June 9, 2006 to: David E. Senior
800 S. College Drive
Santa Maria CA 93454**

