

Class Survey of Mobile Learning Device Use and Availability

Name _____

1. Do you own a cell phone? ☐ Yes ☐ No

2. What features do you have on your cell phone? (check all that apply)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Tip Calculator | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Video Camera | <input type="checkbox"/> Stop Watch | <input type="checkbox"/> Alarm |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Text Messaging | <input type="checkbox"/> Multimedia Messaging |
| <input type="checkbox"/> Address Book | <input type="checkbox"/> Blue Tooth | <input type="checkbox"/> Voice Recorder |
| <input type="checkbox"/> Memo Pad | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

3. How many text messages are you allowed to use per month?

4. How many cell phone talking minutes can you use per month?

5. What cell phone features do you use most often?

6. How do you feel about being able to use your cell phone in class to learn?
