



## Treatment Court Teleservice Assessment

**Instructions:** This form should be used to evaluate the technology available to treatment court participants, as well as to assess an appropriate location where the participant can attend supervision, treatment, and court sessions. Completion of this assessment does not guarantee eligibility.

1. Do you have access to the internet?  Yes  No
2. Are you familiar with how to use the Internet?  Yes  No
3. Where do you most often have access to the internet?  
 Home  Family/Friend's home  School  Work  
 Other: \_\_\_\_\_
4. What is your email address? \_\_\_\_\_  I don't have one (*skip to #8*)
5. How often do you use this email account?  Daily  Weekly  Monthly
6. Do you know how to attach a document to an email?  Yes  No
7. Do you know how to attach a picture to an email?  Yes  No
8. Do you own a smartphone?  Yes  No (*skip to #9*)
  - a. Does it have a working camera?  Yes  No
  - b. Does it have a working microphone?  Yes  No
  - c. Can you download & install apps on your phone?  Yes  No
  - d. Do you know how to adjust the volume on your phone?  Yes  No
  - e. Who is your phone service provider? \_\_\_\_\_
  - f. Does your service plan have unlimited data?  Yes  No, my limit is \_\_\_\_\_
9. Do you have another device you can use for virtual attendance if needed? (*e.g., laptop, tablet, etc.*)  Yes  No
10. Do you own earbuds/earphones with a microphone?  Yes  No
11. Where is a private, quiet, and well-lit space where you can attend scheduled virtual activities?  
\_\_\_\_\_
12. Which of the following virtual meeting platforms have you used before?  
 Zoom  Google Meet  I have never used either platform

*I understand that if I am ever allowed to attend scheduled virtual activities, I must keep my camera on, keep myself on mute when not interacting with the activity, and find a location that is private and/or use earbuds or headphones during the session.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date