

# Towards Independence

## **E-safety**

Name:



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This module has been developed as the result of collaborative work between ASDAN and practitioners delivering the Towards Independence programme. Our thanks go to all those who contributed to the development of these materials.

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#### Welcome

You are starting a module called

#### E-safety

In doing the activities in this module you will be asked to:

- say
- show
- choose
- make things

You can say things by talking or signing, or by using any other means to let someone know what you want to say.

You can choose and show things by using:

- pictures
- digital recording
- other means

- photographs
- computer

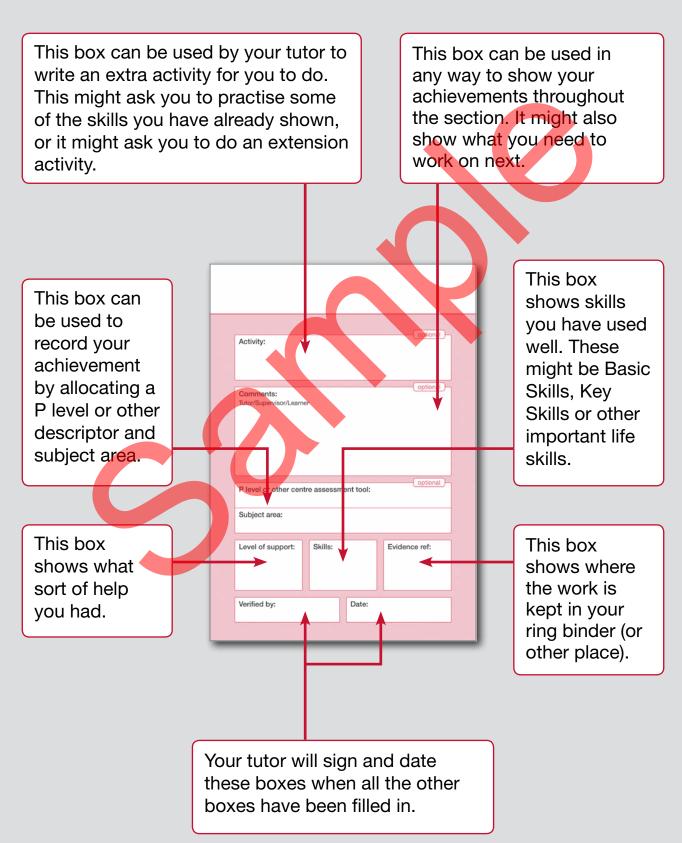
or by telling someone else so they can write or do it for you. All the way through you can have as much help as you need.

As you complete each activity, you or your tutor can tick the box shown alongside the activity and the corresponding box on the **Record of Activities** page.

When you have finished the module, remember to complete the **Module Review** and **Next Steps** at the end of the book.

#### **Record Boxes**

At the end of each section you will find a page of record boxes:



### Levels of Support

Ask your tutor to talk to you about these:



NH No Help - you can do things on your own



SH Spoken/Signed Help – you are helped by someone speaking or signing suggestions to you



**GH** Gestural Help – you are helped by someone using hand signals or other gestural prompts



PH Physical Help – you are helped by someone holding you and/or helping you to move



SE Sensory Experience – you are given the opportunity of being involved through a sensory experience, e.g. hearing, touch, sight or taste



**ER** Experience Recorded – you are provided with an experience of the activity but are unable to take part

### **Section A:**

### Keeping personal information safe

1		www.vwww.communicate with online.	
	0	Friends	
	0	Family	
	0	Centre staff	
	0	Neighbours	
	0	Other	
2		v that you know what personal information is. example:	
	0	Your name	
	0	Your date of birth	
	0	Your address	
	0	Your passwords	
	0	Photographs of you	
	0	Your phone number	
	0	Other	
3	Shov	v how you communicate online. For example:	
	0	Social networking	
	0	Instant messaging	
	0	Online forums	
	0	Gaming	
	0	Email	
	0	Other	
4		v that you know why it is important to keep onal information safe when you are online.	

### **Section A:**

### Keeping personal information safe

Activity:			optional
Comments: Tutor/Supervisor/Learne			optional
P level or other cent	re assessm	ient tooi:	
Subject area:			
Level of support:	Skills:		Evidence ref:
Verified by:		Date:	

### **Section E:**

### Safer gaming

1	Show you know what devices people use for online gaming.	
	For example:	
	Games console	
	<ul><li>Laptop</li></ul>	
	<ul> <li>Mobile phone</li> </ul>	
	<ul> <li>Tablet</li> </ul>	
	<ul><li>Other</li></ul>	
2	Show which game you like to play the most.	
	Show why you like playing this game.	
3	Make a chart to show how long you spend playing online games over a week.	
	Show what you think is a sensible amount of time to spend playing games.	
4	Using game boxes or websites, show you know what the age rating symbols mean.	
5	Using game boxes or websites, show you know which symbols tell you what sort of content is in a game.	
6	Show you know who to go to for help if another player makes you feel uncomfortable.	

### **Section E:**

### Safer gaming

Activity:			optional
Comments: Tutor/Supervisor/Learne	er		optional
P level or other cent	re assessm	nent tool:	optional
Subject area:			
Level of support:	Skills:		Evidence ref:
Verified by:		Date:	

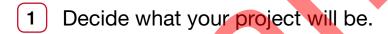
#### **Section H:**

#### Project

In this section you can choose your own activity.

Here are some ideas:

- Produce a poster or information leaflet about how to stay safe online
- Take part in a community event to raise awareness of online safety
- Invite a visitor to talk to your group about keeping safe online
- Other



- 2 Plan your project.
- (3) Make a list of the things you need.
- 4 Do your project.
- [5] Show what went well in your project.

### **Section H:**

### **Project**

Activity:			optional
Comments: Tutor/Supervisor/Learne	er		optional
P level or other cent	re assessm	nent tool:	optional
Subject area:			
Level of support:	Skills:		Evidence ref:
Verified by:		Date:	

## **Next Steps**

My next challenge:
Activities and modules that will help:
Who can help me and when:
Remember to record that you have completed this module and review on the <b>Record Page</b> in your <b>Starting Out</b> module.
Learner signature:
Tutor/supervisor signature:
Date:



