



Tribal Justice Information Sharing System (TJISS)

Center for Information Technology Engineering (CITE) • Criminal Justice Institute (CJI) • National Center for Rural Law Enforcement (NCRLE) • University of Arkansas System



www.TJISS.net

1-877-47-TJISS

Self-Assessment Questionnaire

This questionnaire is a basic self-assessment tool that will help your organization better determine its current computer technology strengths and weaknesses. Most of the questions address issues that your organization might want to research in more detail. Using this form can help you better gauge and plan your long term, technological needs. Any questions left blank or unsure are items that your organization might want to consider implementing in the future.

This questionnaire can also act as an inventory sheet. By having this information at your fingertips, you'll be better informed when working with various vendors.

If you need help with any terms in this questionnaire, a glossary is available on the TJISS Web site at <http://www.tjiss.net/glossary.html>.

Organization Information

1. Please fill out the following basic information about your organization.

Name of Organization: _____
 Contact Person & Title: _____
 Technical Contact Person: _____
 Address: _____ Phone: _____
 _____ Fax: _____
 Web Site: _____ E-mail: _____

2. Type of organization (please check the most appropriate one)

- Tribal Justice Agency Tribal Community Group
 Tribal-based Organization Non-Tribal Rural Law Enforcement

3. Name of Tribe or Tribal-Affiliation (if applicable)

4. Please give the name, title, and contact information of the person(s) responsible for information technology issues in your organization.

5. Do you have a computer support staff or help desk? Yes No
If yes, are they internal (i.e., your organization's employees) or outside vendors? Internal Vendors

6. How many people total are in your organization?

7. Of those, how many people in your organization have computers?

Hardware Inventory

Personal Computers (PCs) Inventory

8. Please list the total number of personal computers your organization currently uses. Do not list any Macintosh computers in this section; questions 10 through 11 deal with Macintoshes.

Total Number of PCs: Total Number of PCs with Internet Access:

Total Number of PCs Connected to a Local Area Network (LAN):

9. Specify the processor type and speed (Pentium I, II, III, or IV; AMD Athlon; AMD K62; AMD K5/6), hard drive size, operating system (Windows 3.X, Windows 95, Windows 98, Windows NT, Windows 2000, Windows XP, Linux, DOS), and megabytes (MB) of Random Access Memory (RAM) for each group of PCs. If you run out of room, an additional sheet is provided at the end of this document.

Quantity	Processor Type/Speed	Hard Drive Size	Operating System	RAM (in MB)	Brand	Laptop or Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop

Macintosh Inventory

10. Please list the total number of Macintosh computers your organization currently uses. Do not list any non-Macintosh computers. Do not list any non-Macintosh computers in this section; questions 8 through 9 deal with non-Macintoshes.

Total Number of Macintoshes: Total Number of Macintoshes with Internet Access:

Total Number of Macintoshes Connected to a Local Area Network (LAN):

11. Specify the processor type and speed (Power Mac, G3, G4, G5), hard drive size, operating system (Mac OS9, Mac OSX), and megabytes (MB) of Random Access Memory) RAM for each group of Macintoshes. If you run out of room, an additional sheet is provided at the end of this document.

Quantity	Processor Type/Speed	Hard Drive Size	Operating System	RAM (in MB)	Brand	Laptop or Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop
						<input type="checkbox"/> Laptop <input type="checkbox"/> Desktop

Peripherals Inventory

14. Record the quantity your organization uses for each of the following items:

Copiers		Printers		Fax Machines		Phones	
Pagers		Scanners		Digital Cameras		Data Projectors	
Cell Phones		Handheld/ Palm Devices		Bar Code Readers		Stylus	
Satellite Phones		Other		Other		Other	

15. How many of the following types of printers are in use?

Dot Matrix		Laser (black and white only)	
Bubble Jet or Ink Jet (black and white only)		Laser (color)	
Bubble Jet or Ink Jet (color)		Plotter	

16. Do you have to take a file to another computer in order to printer it? Yes No Not Sure

17. Do you use have network printers? Yes No Not Sure

18. What percentage of all printing would you estimate is black and white only?

- 10% or less 25% 50% 75% 100%

Software Inventory

Workstation (PC and Mac) Software

19. List all the software applications currently in use at your organization. Do not list any software on a network or server; there's a separate sheet provided for that.

Include the application name, purpose, and version numbers. Also check whether you have a current, up-to-date license. An additional sheet is provided at the end if you run out of room.

Category	Application Name	Purpose	Version Number	Current License?
Word Processing				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spreadsheet				<input type="checkbox"/> Yes <input type="checkbox"/> No
Database				<input type="checkbox"/> Yes <input type="checkbox"/> No
Presentation				<input type="checkbox"/> Yes <input type="checkbox"/> No
Web Publishing				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graphics				<input type="checkbox"/> Yes <input type="checkbox"/> No
Publishing				<input type="checkbox"/> Yes <input type="checkbox"/> No
Accounting				<input type="checkbox"/> Yes <input type="checkbox"/> No
Membership				<input type="checkbox"/> Yes <input type="checkbox"/> No
Fund Development				<input type="checkbox"/> Yes <input type="checkbox"/> No
Human Resources				<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Management				<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Management				<input type="checkbox"/> Yes <input type="checkbox"/> No
Customized Application				<input type="checkbox"/> Yes <input type="checkbox"/> No
Virus Protection				<input type="checkbox"/> Yes <input type="checkbox"/> No

Server Software

20. List all the software applications currently being run on any of your servers. Do not list any software that is stored on people’s individual workstations.

Include the application name, purpose, and version numbers. Also check whether you have a current, up-to-date license. An additional sheet is provided at the end if you run out of room.

Category	Application Name	Purpose	Version Number	Current License?
E-mail				<input type="checkbox"/> Yes <input type="checkbox"/> No
Web Hosting				<input type="checkbox"/> Yes <input type="checkbox"/> No
Database				<input type="checkbox"/> Yes <input type="checkbox"/> No
Help Desk				<input type="checkbox"/> Yes <input type="checkbox"/> No
Backup				<input type="checkbox"/> Yes <input type="checkbox"/> No
Virus Protection				<input type="checkbox"/> Yes <input type="checkbox"/> No
Human Resources				<input type="checkbox"/> Yes <input type="checkbox"/> No
Records Management Software (RMS)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer-Aided Dispatch (CAD)				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

General Software Questions

21. What is your primary software package? Check the appropriate box and fill in the quantity of workstations and/or servers that have the software packaged installed.

<input type="checkbox"/> MS Office XP	<input type="text"/>	<input type="checkbox"/> MS Office 2000	<input type="text"/>
<input type="checkbox"/> MS Office 97	<input type="text"/>	<input type="checkbox"/> MS Office (other)	<input type="text"/>
<input type="checkbox"/> Word Perfect Suite	<input type="text"/>	<input type="checkbox"/> Word Perfect 2000	<input type="text"/>
<input type="checkbox"/> Lotus Suite	<input type="text"/>	<input type="checkbox"/> Corel Suite 8	<input type="text"/>
<input type="checkbox"/> Other: _____	<input type="text"/>	<input type="checkbox"/> Other: _____	<input type="text"/>

22. What type of database does your organization primarily use?

<input type="checkbox"/> SQL	<input type="checkbox"/> Access	<input type="checkbox"/> Borland	<input type="checkbox"/> Paradox
<input type="checkbox"/> Quattro	<input type="checkbox"/> Oracle	<input type="checkbox"/> Excel	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	

23. Does all your software have manuals and documentation? Yes No

Networking Resources

24. Do you have a local area network? Yes No

If **no**, proceed to question 34.

If **yes**, proceed to question 25, and ignore questions 25 to 33.

Network Information

25. What networking protocol is used on your network? Please check all that apply.

- TCP/IP
 IPX/SPX
 NetBEUI
 Vines
 AppleTalk
 Other: _____
 Other: _____

26. Please specify the hardware your organization currently has or uses for its network. Please list the quantity, the vendor or brand, and check all the specifications that apply.

Item	Quantity	Vendor/Brand	Specifications
Hub			<input type="checkbox"/> 10 Mbps <input type="checkbox"/> 10/100 Mbps <input type="checkbox"/> Gigabit
Switch			<input type="checkbox"/> 10 Mbps <input type="checkbox"/> 10/100 Mbps <input type="checkbox"/> Gigabit
Router			<input type="checkbox"/> 10 Mbps <input type="checkbox"/> 10/100 Mbps <input type="checkbox"/> Gigabit
Firewall			<input type="checkbox"/> Hardware <input type="checkbox"/> Software Only
Modem			<input type="checkbox"/> 33.6 Kbps <input type="checkbox"/> 56 Kbps
DSL/Cable Modem			<input type="checkbox"/> Synchronous <input type="checkbox"/> Asynchronous <input type="checkbox"/> 384 Kbps <input type="checkbox"/> 416 Kbps <input type="checkbox"/> 768 Kbps <input type="checkbox"/> 1 Mbps <input type="checkbox"/> 1.5 Mbps
T-1			<input type="checkbox"/> 384 Kbps <input type="checkbox"/> 416 Kbps <input type="checkbox"/> 768 Kbps <input type="checkbox"/> 1 Mbps <input type="checkbox"/> 1.5 Mbps
Wireless			<input type="checkbox"/> 802-11A <input type="checkbox"/> 802-11B <input type="checkbox"/> 802-11G <input type="checkbox"/> Other:

27. How many items are currently connected to the network? Please list the quantity for each item listed below. In the blank areas, please write in any item(s) not listed.

Workstations (PCs)	<input type="text"/>	Workstations (Macintosh)	<input type="text"/>
Printers	<input type="text"/>	Scanners	<input type="text"/>
Servers	<input type="text"/>		<input type="text"/>
_____	<input type="text"/>	_____	<input type="text"/>

28. For each item below, please check whether or not the item is connected to or shared by the network. In the blank areas, please write in any item(s) not listed.

- Files/Folders Yes No Not Sure
- Software Yes No Not Sure
- Backup Storage Yes No Not Sure
- Internet connection Yes No Not Sure
- _____ Yes No Not Sure
- _____ Yes No Not Sure
- _____ Yes No Not Sure

29. Where is organizational data stored?

- Server Workstation Other _____

30. Where is organizational data backed up?

- Server Workstation Other _____

31. Are you running a Peer-to-Peer network? Yes No Not Sure

32. Are you running a Client/Server network? Yes No Not Sure

33. Is your network part of a Wide Area Network (WAN)? Yes No Not Sure

No Current Network

Only answer questions 34 through 35 if your organization does **not** currently have a network.

34. Have you considered installing one? Yes No Not Sure

35. What would you like your network to do?

- Use one printer for multiple workstations? Yes No Not Sure
- Use the same software across the entire organization? Yes No Not Sure
- Regulate levels of access to specific files? Yes No Not Sure
- Share Internet access? Yes No Not Sure
- Provide Email Access? Yes No Not Sure
- Other: _____

Remote Access

36. Does your organization utilize remote access? Yes No Not Sure

37. If you said **no** to question 36, would you like to do any of the following?

- Access documents from a home computer? Yes No Not Sure
- Share information with other sites or organizations? Yes No Not Sure

38. If you said **yes** to question 36, please check whether or not any of the information below is available via remote access. In the blank areas, please write in any item(s) not listed.

- | | | | |
|------------------|------------------------------|-----------------------------|-----------------------------------|
| E-mail | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| Documents | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| Database Records | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| Chat | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| Instant Messages | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| Web Sites | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |
| _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Sure |

Internet Usage

39. How does your organization currently connect to the Internet?

- Dial-Up 28K Dial-Up 56K ISDN DSL T1
- Wireless Satellite We do not have Internet access.
- Other: _____

40. Which of the following Internet applications does your organization currently use? (Check all that apply.)

- E-mail World Wide Web Real Time Chat or Instant Messaging
- Listserv Database searches File Transfer Protocol
- Electronic Conferences Other: _____

41. How often does your staff use e-mail?

- Several times a day About once a day About once a week Rarely

42. How often does your staff use the World Wide Web?

- Several times a day About once a day About once a week Rarely

43. Does your organization subscribe to a listserv or a mailing list?

- Yes No

44. Does your organization run a listserv or a mailing list?

- Yes No

Web Site

45. Does your organization have a Web site? Yes No

If no, proceed to question 51.

46. If you said **yes** to question 45, what is the name and address of your Web site(s)?

47. Where is your Web site(s) hosted?

On your organization’s personal server(s) On an outside vendor’s server(s)

48. How often does your organization post new information on your Web site?

Daily Weekly Monthly Rarely

49. How many staff members or volunteers have the ability to update the Web site?

50. On average, how many visits per month does your Web site receive?

51. If you answered **no** to question 45, do you have an interest in developing a Web site? Yes No

52. If you said **yes** to question 51, what would be the primary purpose of your Web site(s)?

Staff

53. Does the staff receive any training on the computers or software? Yes No

54. Are all members of the staff required to login to their computers and/or lock their computers? Yes No Not Sure

55. Are employees allowed to install software that is not owned by the organization? Yes No

If yes, are employees allowed to store organizational data in this software, such as spreadsheets, databases, correspondence, or client files? Yes No

56. Are employees allowed to bring and use computers not owned by your organization (such as personal laptops)? Yes No

If yes, are employees allowed to store any of the organization's data or files on the unit? Yes No

57. Are employees allowed to take data files home (such as on a CD or a floppy disk)? Yes No

58. Is there a policy that explains acceptable use and ownership of data? Yes No

59. Is there a policy that explains liability for employee-owned items? Yes No

60. Is there a policy regarding proper Internet usage? Yes No

61. Is there a policy regarding proper e-mail usage? Yes No

62. Is there a policy that explains liability for employee-owned items? Yes No

63. Does your organization have a staff person assigned to oversee technology? Yes No

If yes, is this a part of their job description? Yes No

Does this person have formal technology training or education? Yes No

Please list their name, title, and contact information.

Protection and Security

Backups

64. How often is your data backed up for your entire organization?

- Daily Weekly Monthly Never

65. If your organization does back-up your data, what type of back-up media do you use?

- Tape ZIP Disk CD-RW Hard Disk Floppy Diskettes

66. Is back-up media stored off-site? Yes No Not Sure

Power Protection

67. How many uninterruptible power supply (UPS) units are in use?

68. Are your modem telephone lines connected to a UPS? Yes No Not Sure

69. Do you have an emergency power supply (such as a generator)? Yes No Not Sure

70. Does each of your computer workstations use a surge protector? Yes No Not Sure

Building Information

- 71. *Is your network and/or computer equipment stored in a room that is properly heated and cooled to maintain a moderate temperature?* Yes No Not Sure
- 72. *Is your network and/or computer equipment protected from environmental damage, such as floods, rain, etc.?* Yes No Not Sure
- 73. *Is your network equipment stored in a separate, lockable room?* Yes No Not Sure
- 74. *Is your network equipment stored in an isolated area without a lot of traffic?* Yes No Not Sure
- 75. *Does your building have sufficient electrical capacity to run your network and/or computer equipment without tripping any breakers?* Yes No Not Sure
- 76. *Do your lights often flicker? This can indicate that you don't have enough energy to power your network.* Yes No Not Sure
- 77. *Do you have a vending machine, space heater, or other type of heavy electrical equipment in your office? Such equipment can cause power surges.* Yes No Not Sure
- 78. *Is your organization located in more than one building?* Yes No

Total Number of Buildings:

If yes, list their approximate distance to each other. This will help you determine what methods you'll need to connect each of the buildings to a network.

79. *How many outlying buildings in your organization are currently connected to the network?*

80. *How many outlying buildings do you need connected to the network?*

Technology Usage

81. Does your organization have a technology plan? Yes No Not Sure

82. Which areas rely on computer use at your organization? (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Project Management | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Programs & Services | <input type="checkbox"/> Fund Development |
| <input type="checkbox"/> Property Management | <input type="checkbox"/> Communications | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Other: _____ | |

83. Identify and explain area(s) of your technology operations that currently present problems for your organization. Feel free to use an additional sheet if you need more space.

<input type="checkbox"/> Daily office operations	
<input type="checkbox"/> Internet use	
<input type="checkbox"/> Printing	
<input type="checkbox"/> Recordkeeping	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Training	
<input type="checkbox"/> Communications	
<input type="checkbox"/> Other	

