

Minneapolis VA Medical Center
Computer Skills Evaluation
This survey will determine your computer training needs.

Name _____ Role _____

- 1) I would rate my comfort level in using a computer as
High Moderately High Moderate Moderately Low Low
- 2) I know how to use a mouse
Yes No
- 3) I am able to close/minimize/hide windows and quit a program
Yes No
- 4) I feel confident using passwords to log on and off the computer
Yes No
- 5) I know how to print
Yes No
- 6) I would rate my typing skills as
Excellent Very Good Good Fair Poor
- 7) I know how to copy and paste
Yes No
- 8) I know how to save documents on my computer and retrieve them at a later time
Yes No
- 9) I have an e-mail account and use it regularly
Yes No
- 10) I would rate my confidence level when learning to use a variety of programs (software)
Excellent Very Good Good Fair Poor

Please return the completed survey with your application!