

Pre-Training Computer Student Assessment

1. Training location: _____ Today's Date: _____

2. Student name: _____ Email: _____ Phone: _____

Please ✓ each program/program area in which you seek training. Use the blank rows to add additional topics

(Please refer to QVDC Training Catalog for additional options.)

Program Topics		Your current skill level			Need Training ✓	Feel free to explain why you need this training or what you want to be able to do.
		Low	Med	High		
✓						
	Transitioning to Office Version: _____					
	Windows					
	Save/find files & folders					
	Accessing internet					
	Email basics					
	Outlook					
	Email accounts					
	Contacts (address book)					
	Attaching files					
	Using Calendar					
	Word					
	Open, save, edit, print					
	Business correspondence					
	Using tables					
	Mail merge					
	Excel					
	Save/edit/copy/move cells and worksheets					
	Basic formulas					
	Creating charts					
	Power-Point					
	Creating a presentation					
	Clip art and animation					
	Publisher					
	Creating documents					
	Graphics basics					
	Printing and saving					
	Quick-Books Pro					
	Setting up business (chart of accounts)					
	Using existing QB acct					
	Vendors, Customers, other lists					
	Billing and payments					
	Inventory					
	Book-keeping					
	Assets, Liabilities, Income, Expenses					
	Trial Balance					