

[Your Program Name] Digital Skills Check

This is not a test. There are no grades.

Tell us what you can do with technology and what you want to learn. Your answers help us plan classes for you.

Read each sentence. Check one box.

Date: _____

Skill	I can do this	I can do this with help	I want to learn this
I can turn on a computer and log in.	☐	☐	☐
I can use a keyboard and mouse.	☐	☐	☐
I can connect my device to Wi-Fi.	☐	☐	☐
I can search for information online.	☐	☐	☐
I can fill out a form online.	☐	☐	☐
I can read and reply to an email.	☐	☐	☐
I can send an email with a photo or file.	☐	☐	☐
I can save a file and find it later.	☐	☐	☐
I can make a strong password.	☐	☐	☐
I can tell when a message or link looks unsafe.	☐	☐	☐

What do you want to use technology for?

Check all that are important to you.

- ☐ Apply for a job
- ☐ Talk with my employer
- ☐ Talk with my child's school
- ☐ Take an online class
- ☐ Make a health appointment
- ☐ Use a patient portal
- ☐ Find transportation, housing, or services
- ☐ Talk with family and friends
- ☐ Other: _____

Thank you!