

Virtual Learning Technical Skills Evaluation

Participant Information

Name:

Email:

Course/Program:

Technical Skills Assessment

Skill Area	Proficient	Needs Improvement	Notes
Accessing Virtual Learning Platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Audio/Video Setup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Screen Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Uploading/Downloading Files	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Participating in Online Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Using Chat/Forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Devices Used

Internet Connectivity

Describe your internet connection:

Additional Comments