Computer Fundamentals Competency Self-Assessment Form

CHECK OFF THE TASKS IN WHICH YOU ARE PROFICIENT

Keyboard

Using the following Keys

- ☐ ***Function*** keys
- ☐ ***Delete*** key
- ☐ ***Backspace*** key
- ☐ ***Num Lock*** key
- ☐ ***Enter*** key
- ☐ ***Caps Lock*** key

Mouse

- ☐ ***Move*** the mouse with relative ease
- ☐ ***Select*** text or an object
- ☐ ***Apply a command*** using the ***Left*** mouse button
- ☐ ***Double*** click
- ☐ Use the ***Right*** mouse button
- ☐ ***Highlight*** text or an object

Software

- ☐ Open a program using the ***Start*** button
- ☐ ***Minimize*** a Window
- ☐ Open a program using a ***Desktop Icon***
- ☐ ***Maximize*** a Window
- ☐ Choose ***where to save*** your work
- ☐ ***Restore*** a Window
- ☐ Use the ***Menu*** bar to make choices
- ☐ ***Move*** a Window
- ☐ Apply commands using a ***Toolbar***
- ☐ ***Resize*** a Window
- ☐ Open an ***existing*** document
- ☐ ***Save*** your work
- ☐ Save a document by ***changing its name***
- ☐ ***Print*** a document
- ☐ ***Close*** a document window and a Program

Browser

- ☐ ***Type*** web addresses into ***address bar***
- ☐ Access the ***Intranet*** and ***Care Learning***
- ☐ Use the ***BACK, FORWARD, STOP***, and ***REFRESH*** Buttons.
- ☐ Open a "***LINK***"
- ☐ ***Print*** an Intranet Document
- ☐ ***Search*** for a document.

All tasks must be checked in order to opt-out of the computer fundamentals class offered by Union Hospital.

By signing this form, the **employee** acknowledges that they are proficient at performing **all** of the above required tasks that meet the computer fundamentals competency as required by Union Hospital.

PRINT Employee's Name	**Employee's Signature**	**Date**
Employee's Social Security #	**Department Phone #**	**Dept.**

By signing this form, the **manager/supervisor** agrees that the employee is proficient at performing **all** of the above tasks and is allowing the employee to opt-out of attending the computer fundamentals class offered by Union Hospital.

PRINT Manager/Supervisor's Name	**Manager/Supervisor's Signature**	**Date**

Please keep this form in their Employee Education Folder and Update their Competency Form.

Questions? Please contact Affinity Health Institute 410-620-3737