



Individual Learning Assessment



Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

- A. Highest level of education completed?
- B. Do you currently own any computers?
 - If so, how many?
- C. How many of each type: Desktop _____ Laptop _____
- D. What operating systems are they running (circle all that apply)
 - Windows XP - Windows Vista/7 - Mac - Linux - Other _____
- E. Do you own any tablet devices? If so, what type? (circle all that apply)
 - iPad - Kindle - Kindle Fire - Google Nexus
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- F. Do you own a cellular phone that allows you to access advanced features such as Email, Social Networks and online applications?
- G. How would you rate your computer skills? (circle one)
 - Poor - Average - Good - Excellent
- H. How would you rate your own knowledge of current technology?
 - Poor - Average - Good - Excellent
- I. Following completion of the Basic Computer Skills Training:
 - What further training would you be interested in?
- J. What days and times are best for you?
- K. Notes:

Individual Learning Plan:

- A. Goals for this Plan:
- B. Targets: How will you achieve these goals?
- C. What is your priority?
- D. Materials:
- E. Learning Styles:
- F. Class(es) Taken: