

NORTH PLAINS PUBLIC LIBRARY COMPUTER EDUCATION CLASSES

Contact Info:

Your Name _____ Phone # _____

Address _____

Email _____

I would be interested in the following computer classes: (Check or Circle the class titles)

- | | |
|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Getting Set Up | <input type="checkbox"/> Search and Research |
| <input type="checkbox"/> Introduction to Computers | <input type="checkbox"/> Creating Documents |
| <input type="checkbox"/> Staying Organized | <input type="checkbox"/> Organizing the Home and Business |
| <input type="checkbox"/> Staying Safe | <input type="checkbox"/> Managing Your Finances |
| <input type="checkbox"/> Computer and the Library | <input type="checkbox"/> Powerful Presentations |
| <input type="checkbox"/> Social Contacts | <input type="checkbox"/> Computers and Music |
| <input type="checkbox"/> Traveling | <input type="checkbox"/> Fabulous Photos |
| <input type="checkbox"/> Buying and Selling | <input type="checkbox"/> Making Movies |

Do you own or have access to a computer? Own _____ Have Access _____ No Access _____

Do you have a WCCLS Library Card? Yes _____ No _____

Do you regularly use a computer? Yes _____ No _____ How often _____

What currently is your primary use of a computer?

- Email? _____
- Web browsing? _____
- Games? _____
- Word processing? _____
- Other? _____

What do you consider to be your skill level on a computer?

- Beginner? _____
- Intermediate? _____
- Advanced? _____

What time of day would you prefer to take a class?

- Morning? _____
- Afternoon? _____
- Evening? _____

What day of the week would you prefer?

- Weekday? _____ Which one(s)? _____
- Weekend? _____ Which one? _____

What additional computer skills or knowledge would you most like to learn?