2B. HANDS-ON SKILLS CHECKLIST

Faculty Name: _____ Date Completed: _____

Evaluator Name: _____

Task Description		*Method of Evaluation*
Post an announcement to your students		Observed
Edit original announcement message		Observed
Post new discussion forum topic for your students		Observed
Post a thread to your forum		Observed
Edit your thread		Observed
Delete your thread		Observed
Create and save a word document (bring it with you)		Brought to session on flash drive
Save your Word document in RTF format		Observed
Save your Word document in PDF format		Observed
Type URL in address box of browser		Observed
Import a plug-in file and create a link		Observed
Compose and send an email message		Observed
Reply to an email message		Observed
Forward an email		Observed
CC and bcc an email message		Observed
Attach a file to an email message		Observed
Open an attached file		Observed
Create and use a folder to store email		Observed
Title 5 Regulations		Quiz
Assessment of Knowledge –access/viruses/title 5		Quiz

_____

Evaluator Signature **Date**

ETC Faculty Co-Chair: Attach to Distributed Education Intent to Teach form and forward to ETC Administrative Co-Chair

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