**Pre Training Assessment Form Online**

**Date: \_\_\_\_\_\_  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **1. GENERAL INFORMATION**

1. **How did you hear about this online training?  
   ☐ Company Recommendation  
   ☐ Social Media  
   ☐ Personal Research  
   ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **What is your main reason for enrolling in this training?  
   ☐ Job Requirement  
   ☐ Skill Enhancement  
   ☐ Career Change  
   ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **2. SELF-ASSESSMENT QUESTIONNAIRE**

**Rate your agreement with the following statements on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree):**

| **Statement** | **1** | **2** | **3** | **4** | **5** |
| --- | --- | --- | --- | --- | --- |
| **I have prior experience with this topic.** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **I feel confident using this knowledge in real-world situations.** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **I need additional support to understand complex concepts.** | **☐** | **☐** | **☐** | **☐** | **☐** |
| **I prefer interactive learning over reading materials.** | **☐** | **☐** | **☐** | **☐** | **☐** |

### **3. TECHNICAL REQUIREMENTS**

**Do you have access to a stable internet connection?  
☐ Yes  
☐ No**

**Are you comfortable using online learning platforms?  
☐ Yes  
☐ No**

**Do you require any technical assistance for the training?  
☐ Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
☐ No**

### **4. SIGNATURE**

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**