**Pre Training Assessment Questionnaire Form**

**Date: \_\_\_\_\_\_  
Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Training Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **1. GENERAL INFORMATION**

1. **What is your current role?  
   ☐ Entry-Level Employee  
   ☐ Mid-Level Employee  
   ☐ Senior Employee  
   ☐ Managerial Position**
2. **How many years of experience do you have in this field?  
   ☐ Less than 1 year  
   ☐ 1-3 years  
   ☐ 3-5 years  
   ☐ 5+ years**
3. **What is your primary reason for attending this training?  
   ☐ Career Advancement  
   ☐ Skill Development  
   ☐ Job Requirement  
   ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **2. TECHNICAL SKILLS ASSESSMENT**

**List three key technical skills related to the training topic:**

**How confident are you in applying these skills?  
☐ Very Confident  
☐ Somewhat Confident  
☐ Not Confident**

### **3. LEARNING PREFERENCES**

**What is your preferred method of learning?  
☐ Visual (Videos, Diagrams)  
☐ Auditory (Lectures, Podcasts)  
☐ Hands-on (Practical Activities)  
☐ Reading & Writing**

**Would you prefer:  
☐ Individual Learning  
☐ Group Learning  
☐ A Mix of Both**

### **4. SIGNATURE**

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