**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: \_\_\_\_\_\_**