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: _____