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