

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:

1. _____

2. _____

3. _____

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:** _____