**Pre Training Assessment Workshop Form**

**Date: \_\_\_\_\_\_
Workshop Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Organization/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **1. PREVIOUS TRAINING EXPERIENCE**

1. **Have you attended similar training in the past?
☐ Yes, how many times? \_\_\_\_\_\_
☐ No**
2. **What was the most useful aspect of previous training sessions?**
3. **What improvements would you suggest for this workshop?**

### **2. CURRENT COMPETENCY LEVEL**

**For each skill listed below, check the box that best represents your proficiency level:**

| **Skill** | **Beginner** | **Intermediate** | **Advanced** |
| --- | --- | --- | --- |
| **Skill 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **☐** | **☐** | **☐** |
| **Skill 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **☐** | **☐** | **☐** |
| **Skill 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **☐** | **☐** | **☐** |

### **3. EXPECTED TRAINING OUTCOMES**

**What do you hope to achieve through this workshop?
☐ Gain new knowledge
☐ Improve practical skills
☐ Strengthen problem-solving abilities
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any questions or concerns about the workshop?
☐ Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
☐ No**

### **4. SIGNATURE**

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