

# 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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill 2: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 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: \_\_\_\_\_