**Pre Training Self Assessment Form**

**Date: \_\_\_\_\_\_
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **1. KNOWLEDGE ASSESSMENT**

**On a scale of 1 to 5, rate your understanding of the following topics:**

| **Topic** | **1 (No Knowledge)** | **2** | **3** | **4** | **5 (Expert)** |
| --- | --- | --- | --- | --- | --- |
| **Topic 1:**  | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Topic 2:**  | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Topic 3:**  | **☐** | **☐** | **☐** | **☐** | **☐** |
| **Topic 4:**  | **☐** | **☐** | **☐** | **☐** | **☐** |

### **2. TRAINING EXPECTATIONS**

**What do you expect to gain from this training?
☐ New skills applicable to my role
☐ Deeper understanding of concepts
☐ Certification or professional development
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **3. CHALLENGES & BARRIERS**

**What challenges do you anticipate in completing this training?
☐ Lack of prior knowledge
☐ Limited time for practice
☐ Difficulty in understanding the concepts
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you require any special accommodations?
☐ Yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
☐ No**

### **4. SIGNATURE**

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