

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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Topic 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Topic 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Topic 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:** _____