**Pre-Training Assessment Form**

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| --- | --- | --- | --- |
| **Organization Name:** |  | **Department:** |  |
| **Training Title:** |  | **Trainer’s Name:** |  |
| **Date of Training:** |  |  |  |

**Section 1: Participant Information**

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| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Job Title:** |  | **Employee ID:** |  |
| **Years in Current Role:** |  | **Supervisor/Manager:** |  |

**Section 2: Training Background**

|  |  |  |
| --- | --- | --- |
| Have you attended similar training before? | ☐ Yes  ☐ No | If yes, please specify: |
| What is your current level of knowledge about this topic? | ☐ None  ☐ Basic  ☐ Intermediate  ☐ Advanced | |
| How often do you use the skills or knowledge related to this topic in your job? | ☐ Daily  ☐ Weekly  ☐ Occasionally  ☐ Rarely  ☐ Never | |

**Section 3: Skills & Competency Self-Assessment**

**Rate your current skill level for each area below (1 = Low, 5 = High):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill/Knowledge Area** | **1** | **2** | **3** | **4** | **5** |
| Understanding of key concepts related to the topic | ☐ | ☐ | ☐ | ☐ | ☐ |
| Practical application of the topic in daily work | ☐ | ☐ | ☐ | ☐ | ☐ |
| Problem-solving and decision-making using related skills | ☐ | ☐ | ☐ | ☐ | ☐ |
| Communication and collaboration related to the topic | ☐ | ☐ | ☐ | ☐ | ☐ |
| Confidence in using the related tools or processes | ☐ | ☐ | ☐ | ☐ | ☐ |

**Section 4: Training Expectations**

1. What are your main learning goals for this training?

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1. What challenges do you currently face related to this topic?

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|  |

1. Which specific areas would you like the trainer to focus on?

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| --- |
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|  |

**Section 5: Additional Information**

|  |  |  |
| --- | --- | --- |
| Do you require any special support or materials during training? | ☐ Yes  ☐ No | If yes, specify: |
| Any other comments or suggestions: |  | |
|  | |

**Section 6: Participant Declaration**

I confirm that the information provided above is accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_