**Pre Training Evaluation Form**



**Participant Information:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Scheduled Training Session: \_\_\_\_\_\_\_\_\_\_\_\_

**Training Objectives:**

* What are your current roles and responsibilities within the organization?
* Please describe any previous training you have had related to this topic.

**Assessment of Current Skills and Knowledge:**

* On a scale of 1 (no knowledge) to 5 (expert knowledge), rate your current understanding of the training topic.

	+ 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5
* What specific skills or knowledge do you hope to gain from this training?

**Learning Preferences:**

* What is your preferred learning style? (e.g., visual, auditory, hands-on)
* Are there any particular teaching methods or tools that you find most effective?

**Training Needs:**

* What challenges are you currently facing that you hope this training will address?
* Are there specific topics or areas you would like the training to focus on?

**Expectations:**

* What are your expectations for this training?
* How do you plan to apply what you learn in this training to your job?

**Additional Comments:**

* Please provide any other comments or information that might help us tailor the training to your needs.

**Confirmation:**

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