

# Pre Training Evaluation Form

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