# Educational Training Workshop Assessment Tool (DRAFT 2025Feb24)

## 1. Pre-Assessment (Before the Workshop)

**Purpose:** Gauge participants' prior knowledge and expectations.

**Participant Name:** _____ **Date:** _____

**Knowledge Check:**

1. What do you already know about [topic]?
   - _____
2. What are your main learning goals for this workshop?
   - _____
3. Rate your current skill level on this topic (Circle one):
   - 1 (No Knowledge) | 2 (Basic) | 3 (Intermediate) | 4 (Advanced) | 5 (Expert)

**Expectations Survey:**

- What do you hope to gain from this training?
   - _____
- Are there specific areas you would like to focus on?
   - _____

## 2. Formative Assessment (During the Workshop)

**Purpose:** Monitor learning progress throughout the workshop.

**Quick Checks:**

- Short quizzes after each section (use tools like Kahoot, Mentimeter, or paper-based).

**Activity Evaluation:**

- Group Discussion Participation: [ ] Active [ ] Moderate [ ] Minimal
- Engagement in Hands-on Exercises: [ ] Completed [ ] Partially Completed [ ] Not Completed
- Collaboration in Group Tasks: [ ] Excellent [ ] Good [ ] Needs Improvement

**Facilitator Observations:**

- _____

## 3. Post-Assessment (End of the Workshop)

**Purpose:** Measure knowledge gained and gather feedback.

**Knowledge Check:**

1. List three key concepts you learned from the workshop:
   - _____
   - _____
   - _____
2. How confident do you feel applying what you learned? (Circle one):
   - 1 (Not confident) | 2 | 3 | 4 | 5 (Very confident)

**Skill Application Task:**

- Describe how you would apply one concept learned today in your work:
  - _____

**Feedback Form:**

- Overall satisfaction with workshop content (Circle one): 1 | 2 | 3 | 4 | 5
- Were the learning objectives met? [ ] Yes [ ] No
- What could be improved for future workshops?
  - _____

## 4. Follow-Up Assessment (1-2 Weeks After the Workshop)

**Purpose:** Evaluate long-term learning impact.

**Participant Name:** _____ **Date:** _____

1. Have you applied what you learned from the workshop? [ ] Yes [ ] No
2. If yes, describe how you've applied the knowledge:
   - _____
3. What barriers, if any, have you faced in applying the knowledge?
   - _____
4. What additional support or resources would help you?
   - _____

**Thank you for your participation!**

Facilitator Name: _____ Signature: _____