

Corporate Training Skills Assessment

Participant Information

Full Name

Department

Job Title/Role

Date

Skills Assessment

Skill Category	Skill	Self-Rating (1-5)	Comments
Communication		<input type="text"/>	<input type="text"/>
Technical		<input type="text"/>	<input type="text"/>
Leadership		<input type="text"/>	<input type="text"/>
Problem-Solving		<input type="text"/>	<input type="text"/>
Teamwork		<input type="text"/>	<input type="text"/>

Training Needs

Please describe any areas where you would like additional training or support.

Additional Comments

