



## Pre-Course Assessment

Area: \_\_\_\_\_

Branch: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_

Language Literacy:

English  
Afrikaans  
Xhosa  
Tswana

☐  
☐  
☐  
☐

Sesotho  
Zulu  
Tsonga  
Venda

☐  
☐  
☐  
☐

Other: \_\_\_\_\_

Do you understand English?

Yes ☐

No ☐

Do you have any typing experience?

Yes ☐

No ☐

Academic Qualification

\_\_\_\_\_

Last School Attended

\_\_\_\_\_

Date of last school year

\_\_\_\_\_

List any previous computer experience:

\_\_\_\_\_  
\_\_\_\_\_

Any medical conditions that we should know of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please relate any "fears" that you as student might have regarding this course?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill in this questionnaire; this will help us to understand your needs when starting your course with us.





### Delegation Evaluation Form

Area: \_\_\_\_\_

Branch: \_\_\_\_\_

|                  |  |  |             |  |
|------------------|--|--|-------------|--|
| Date Attend      |  |  | Instructor: |  |
| Group            |  |  | Venue:      |  |
| Delegate's Name: |  |  |             |  |

| ATTITUDE                  | Excellent | Good | Average | Below Average | Poor |
|---------------------------|-----------|------|---------|---------------|------|
| Eagerness to learn        |           |      |         |               |      |
| Willingness to attend     |           |      |         |               |      |
| Enthusiasm                |           |      |         |               |      |
| Spontaneity               |           |      |         |               |      |
| Appropriate participation |           |      |         |               |      |

| ATTENDANCE        | Excellent | Good | Average | Below Average | Poor |
|-------------------|-----------|------|---------|---------------|------|
| Punctuality       |           |      |         |               |      |
| Attendance record |           |      |         |               |      |

| GENERAL                   | Excellent | Good | Average | Below Average | Poor |
|---------------------------|-----------|------|---------|---------------|------|
| PC Skills                 |           |      |         |               |      |
| Suitable for next level   |           |      |         |               |      |
| Ability to solve problems |           |      |         |               |      |
| Task completion           |           |      |         |               |      |

|   |
|---|
| <b>GENERAL COMMENTS</b>   |
|   |
|   |
| <p>Certificate: List <b>all</b> modules which were <b>not</b> attended (if any):</p> <p>Issue certificate to: (please print full name to be shown)</p> <p>ID number of candidate:</p> |

Signature of Debtor: \_\_\_\_\_ Signature of Student: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Receipt number of Registration: \_\_\_\_\_

