Special Skills Assessment Form

This form is designed to assess the training needs and progress of talent who require special skills in their role.

Production Name:_____

Date: _____

Completed By: _____

Performer Being Assessed:

_____

Describe the special skills that will be developed (ie. live fire use, horseback riding, etc.):

Have the WB Creative and Production Executives determined the need for developing the special skills outlined?

Select current skill level:

- ☐ Beginner
- ☐ Intermediate
- ☐ Advanced

Select desired skill level upon completion of training:

- ☐ Beginner
- ☐ Intermediate
- ☐ Advanced

Outline the steps required to reach the above selected level of skill:

Approximate the number of lessons that will be required to achieve the desired skill level.

_____

Provide a schedule (dates/times) for training sessions.

After each training session, list milestones and skill level achieved (ie. beginner, intermediate, advanced). Add additional pages if necessary.

Lesson 1 - Milestones and skill level achieved:

Lesson 2 - Milestones and skill level achieved:

Lesson 3 - Milestones and skill level achieved:

Lesson 4 - Milestones and skill level achieved:

Lesson 5 - Milestones and skill level achieved:

Upon completion of all lessons, has trainee reached the desired skill level?

- ☐ Yes
- ☐ No

What level of skill has been achieved?

- ☐ Beginner
- ☐ Intermediate
- ☐ Advanced

If trainee has not reached the desired skill level, will this affect their ability to perform using these special skills?

Please communicate with WB Safety, relevant HODs and the Director regarding the trainee's ability to perform in scenes using the special skills acquired.