

# Learning Style Evaluation

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**Employee Name**

**Position**

**Date**

**Please read the following learning style options and circle the ones that best fit your preferences.**

I prefer using pictures and images to learn.

I prefer using sound and music to learn.

I prefer using words, both in speech and writing to learn.

I prefer using my body, hands and sense of touch to learn.

I prefer using logic, reasoning and systems to learn.

I prefer to learn in groups or with other people.

I prefer to work alone and use self-study.