

TRAINING EVALUATION/EFFECTIVENESS

Employee Name: _____

Topic: _____ Date: _____

Trainer: _____ Internal External

TRAINING EVALUATION

	DISAGREE			AGREE	
1. The training was presented in a clear manner.	1	2	3	4	5
2. The trainer was well prepared.	1	2	3	4	5
3. The trainer was knowledgeable of the topic.	1	2	3	4	5
4. Questions were fully answered.	1	2	3	4	5
5. This training will help me to do my job better.	1	2	3	4	5

Comments (if any): _____

Signature: _____ Date: _____

Forward to Employees Supervisor

TRAINING EFFECTIVENESS

Attach certificate or proof of training, (if any).

Effective Ineffective

Action Plan if Training was Ineffective: _____

Department Managers Signature: _____ Date: _____

Forward to Training Folder