

Training Program Final Evaluation Form to be completed by supervisor

Instructions: This evaluation is to provide the trainee with feedback concerning the progress in meeting set goals related to the skills and objectives outlined in the training plan. It is a requirement of the U.S. government that a trainee must receive evaluations and feedback from his/her training supervisor.

Trainee Name:	
Host Employer:	
Supervisor Name:	
Department:	

Trainee Supervisor: Please give each trainee characteristic a numerical value based on the following:

- 5. Outstanding
- 4. Above Average
- 3. Average
- 2. Need for improvement and merits attention
- 1. Significant need for improvement
- N. Does not apply.

Open to learning from supervisor and co-workers	()
Showing cooperation in working relationships with other workers	()
Takes initiative after receiving directions from supervisor	()
Is able to communicate to supervisor on work progress and process	()
Shows clear communication skills	()
Maintains work schedule, hours, and starting time	()
Exhibits professional behavior	()
Has clear communication skills	()
Displays enthusiasm, diligence, and interest in work assignments	()
Uses past knowledge and education to build on skills	()
Accepts constructive criticism and acts upon it	()
Shows initiative in completing work assignments	()
Is able to assume a leadership role to enhance leadership skills	()
Understands company's organizational structure/ how departments interface	()
Has identified similarities/differences from between home and the U.S.	()
Was committed to meeting goals and objectives of training plan	()

Trainee Supervisor: Please answer the following questions:

Comment on how successfully the trainee was in achieving the goals and objectives outlined in the training plan. What suggestions can you offer for the future business-related success of this participant?

Would your company be interested in hosting other international trainees?
If so, what area of professional interest is your primary focus?

Signed:

Trainee: _____

Date

Supervisor: _____

Date

After reviewing this evaluation with the trainee, make two photocopies of this form and distribute as follows

Original - kept by host employer
copy 1 - given to trainee
copy 2 – mail, scan or fax to:
Dynamic Global Exchange
3818 Sweet Bottom Drive
Duluth, GA 30096 USA

Fax: 678-261-1419

Email: training@dynamicglobalexchange.com