	Document No.:	4FHR20	Revision:	02
	Subject/Title:	Training Effectiveness Evaluation Form	Effective Date:	January 2012

TRAINING EFFECTIVENESS EVALUATION FORM

1. Employee Details

Employee's Name:

Designation:

Function:

2. Training Details

Training Dates:	From:	To:	Training Location:	
Training Title:			Vendor Name:	

3. Effectiveness

In the coming 6 months the following should be completed	
TO BE FILLED BY EMPLOYEE	
<p><u>KNOWLEDGE APPLIED</u></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>	<p><u>SKILLS DEVELOPED & APPLIED</u></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> <p>6.</p>

Author:	Quality Manager	Approver:	Regional Director
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TO BE FILLED BY SUPERVISOR/MANAGER

10	9	8	7	6	5	4	3	2	1	0
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←-----Tick mark in relevant boxes-----→

Learning & application from the training attended:
Whether the employee had learned something and applying on his routine activity.


Learning from the training programme	To Great Extent	Somewhat	Very Less	Not at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of the learning	To Great Extent	Somewhat	Very Less	Not at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Change Factor:
Whether change has taken place with the employee in terms of:

1. Attitudinal development	Relevant change	Somewhat change	Less changed	No change
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Knowledge development	Increased	Somewhat increased	Less increased	Not at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Skill development	Increased	Somewhat increased	Less increased	Not at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<u>KNOWLEDGE APPLIED</u>	<u>SKILLS DEVELOPED & APPLIED</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Any suggestions/comments for further improvement?

Name & signature of Supervisor/Manager:

Date: _____

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