

POST-TRAINING EVALUATION REPORT

Name of designated mentor/coach/
immediate supervisor:Position:
Name of the trainee under mentoring: Position:
Office:.....
Training/Course attended:Duration:

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1. Have you found the skills/information that the trainee learned in training relevant to his/her day to day working practices?

Yes / No

Please give example(s) of any changes made by the trainee to his/her working practices as a result of skills/information learned from training? (In the course on Personality Enhancement, learning may take the form of correct manner of answering the phone.)

2. Was the trainee given the opportunity to share the information/skills learned with his/her colleagues? How was the sharing done ((e.g., meeting, briefing, etc.)

Yes/ No

3. In view of the above (#2), what improvements on practices or policies were suggested by the trainee as a result of this training? Please give details.

4. Please narrate into two or three sentences the marked improvement in the attitude/personality/interpersonal relationships/values (as the case maybe) of the employee as a result of the subject training attended.

Certified by:

Noted by:

Mentor/Coach/Supervisor

Director

Date: