Supervisor Development Training Evaluation Form

In order to assist us with identifying and improving training needs, please take a few moments to evaluate the training session your employee attended.

Please indicate if you have departmental/division dollars dedicated to employee development:

☐ **Yes** ☐ **No**

Has your department received any of the following sponsored training for employee development?

☐ **Human Resources/Employee Development/ Sponsored**

☐ **Department Training/Sponsored**

☐ **Campus Other/ Sponsored**

☐ **Professional Association/ Sponsored**

☐ **Other/Sponsored:**

Please indicate the delivery type of training your employee received:

☐ **Web- Based**

☐ **Classroom/Lecture**

☐ **Reading Materials**

☐ **Hands- On Training**

☐ **Workshop- Off Campus**

What funding resource did your employee receive for training?

Location of Training Site:

If other, please indicate where: _____

Name of the training received.

Did the training meet your expectations? If so, indicate why or why not.

What were the goals/ benefits of your employee receiving this training in relationship to their current position?

Please indicate what aspect of training received was most valuable?

What could be improved?

Did your employee receive handout materials?

Did your employee indicate the materials easy to understand?

Why did you choose this training for your employee?

Do you have suggestions for future training/Web workshop topics?

Based upon your experience as the named employee's supervisor, please rate the following elements using the drop-down boxes on a scale of 1-5 (1 Unsatisfactory to 5 Excellent):

Location:
Overall usefulness of Examples:
Overall relevance to your position/job:
Overall satisfaction of training session received:

Additional Comments:

This information is for assessment and Employee Development Training opportunities only. Your name and comments will not be provided to anyone and will only be used for summary data.

Training Recipient's Name: _____   *Position: _____*
Supervisor Name: _____   *Position: _____*

Date Submitted: _____