|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trainee Assessment Form** | | | | | |
| Training Date: | | Place: | | | |
| Instructor Name: | | Course Title: | | | |
| **Rate trainee’s mastery of assignment** | 20% | 40% | 60% | 80% | 100% |
| Trainee’s Name | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |