

TRAINING PROGRAM IMPACT ASSESSMENT

Name of Employee:	Department:					
Title of Training Program Attended:						
Date Conducted:						
INSTRUCTION: Please check (✓) in the appropriate column the impact/benefits gained by the above employee in attending the training program in a scale of 1-5 (where 5 – Strongly Agree; 4 – Agree; 3 – Neither agree or disagree; 2 – Disagree; and, 1 – Strongly Disagree)						
IMPACT/BENEFITS GAINED	1	2	3	4	5	REMARKS
1. The employee's performance became more efficient as shown with no/less commitment of mistakes on work.						
2. The employee has improved his/her ability to generate ideas and recommendations.						
3. He/she has developed new system or improved the present system through contributing new ideas.						
4. His/her existing skills have been upgraded.						
5. The employee has applied new skills in the performance of his/her work.						
6. The employee became more proud and confident in his/her tasks.						
7. The employee accepted and performed higher/greater responsibility.						
8. He/she transferred the knowledge and skills gained through conduct of workshop or demonstration to co-employees.						
Comments/Suggestions: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>						
Please list down other training program/s he/she might need in the future. <hr/> <hr/> <hr/> <hr/> <hr/>						
Rated by:	Signature			Date		
(Immediate Supervisor's Name)						