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| **DOC. NO. :** | **ISF-AD-006** |
| **ISSUE NO :** | **01** |
| **REV NO :** | **02** |
| **DATE :** | **19.02.2018** |
| **PAGE :** | **01 of 01** |

**TRAINING EFFECTIVENESS FORM**

**(To be filled by the HOD’s / Supervisor)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Emp. Code** |  |
| **Designation** |  | **Date of Joining** |  |
| **Department** |  | **Section** |  |

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| **Please fill the trainings detail’s by the employee** | | | **Please Assess the training effectiveness of trainings as attend by the employee by concerned HOD’s / Supervisor** | | | |
| **Sl No** | **Date of the program** | **Name of the program** | **Learning implemented in existing job (Y/N)** | **Evaluation Rating (0-5) Scale** | **Supervisor / HOD Signature** | **Remarks** |
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**Evaluation Rating**

|  |  |  |  |
| --- | --- | --- | --- |
| **0** | **No Learning** | **3** | **Learning Consistently Evident** |
| **1** | **Learning Seldom Evident** | **4** | **Showing results of Leaning** |
| **2** | **No Appropriate Evident** | **5** | **Able to share learning with others** |