



INDUCTION TRAINING EVALUATION

This questionnaire is intended to assess the understanding of new staff on topics covered during Induction Training & Department Procedural Training. Please mark (v) in appropriate box for program evaluation.

Name	:			
Designation	:		Company/Dept	:
Date Joined	:		Date of Training	:

Evaluation Reference :	(4) Excellent	(3) Good	(2) Fair	(1) Poor
Overall Comments (if any)				

Venue/Facilities

1. Suitability of venue				
2. Use of teaching aids				
3. Training Materials				

TOPIC : CORPORATE PROFILE & INTRODUCTION TO MTD GROUP

Trainer	:		Department	:
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Module(s) Modul

1. Program objective achieved				
2. Organization of topics				
3. Scope of coverage				

Speaker Assessment Penilaian Jurulatih

1. Knowledge on the subject				
2. Presentation skill				
3. Interaction with participant				
4. Adequacy of time to cover topic				
5. Good Q & A Session				

Comments (if Any)				
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TOPIC : ADMINISTRATION

Trainer : _____

Department : _____

Module(s) Modul

1. Program objective achieved

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2. Organization of topics

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3. Scope of coverage

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Speaker Assessment Penilaian Jurulatih

1. Knowledge on the subject

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2. Presentation skill

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3. Interaction with participant

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4. Adequacy of time to cover topic

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5. Good Q & A Session

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Comments (if Any)

TOPIC : IT & TECHNICAL SUPPORT

Trainer : _____

Department : _____

Module(s) Modul

1. Program objective achieved

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2. Organization of topics

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3. Scope of coverage

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Speaker Assessment Penilaian Jurulatih

1. Knowledge on the subject

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2. Presentation skill

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3. Interaction with participant

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4. Adequacy of time to cover topic

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5. Good Q & A Session

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Comments (if Any)

TOPIC : QUALITY & TECHNICAL AUDIT

Trainer : _____

Department : _____

Module(s) Modul

1. Program objective achieved

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2. Organization of topics

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3. Scope of coverage

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Speaker Assessment Penilaian Jurulatih

1. Knowledge on the subject

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2. Presentation skill

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3. Interaction with participant

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4. Adequacy of time to cover topic

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5. Good Q & A Session

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Comments (if Any)

TOPIC : SAFETY & HEALTH MANAGEMENT

Trainer : _____

Department : _____

Module(s) Modul

1. Program objective achieved

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2. Organization of topics

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3. Scope of coverage

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Speaker Assessment Penilaian Jurulatih

1. Knowledge on the subject

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2. Presentation skill

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3. Interaction with participant

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4. Adequacy of time to cover topic

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5. Good Q & A Session

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Comments (if Any)

TOPIC : SECURITY

Trainer : _____

Department : _____

Module(s) Modul

1. Program objective achieved

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2. Organization of topics

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3. Scope of coverage

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Speaker Assessment Penilaian Jurulatih

1. Knowledge on the subject

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2. Presentation skill

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3. Interaction with participant

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4. Adequacy of time to cover topic

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5. Good Q & A Session

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Comments (if Any)

A. HCD-Industrial Relations

Trainer : _____

Module(s) Modul

1. Program objective achieved

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2. Organization of topics

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3. Scope of coverage

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Speaker Assessment Penilaian Jurulatih

1. Knowledge on the subject

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2. Presentation skill

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3. Interaction with participant

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4. Adequacy of time to cover topic

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5. Good Q & A Session

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Comments (if Any)

B. HCD- Compensation & Benefits

Trainer : _____

Module(s) Modul

1. Program objective achieved

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2. Organization of topics

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3. Scope of coverage

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Speaker Assessment Penilaian Jurulatih

1. Knowledge on the subject

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2. Presentation skill

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3. Interaction with participant

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4. Adequacy of time to cover topic

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5. Good Q & A Session

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Comments (if Any)

Evaluated By :

Name :

Date :