



*The questionnaire is intended to evaluate the effectiveness of the training that your staff have attended. Please mark (X) for an interpretation of the score. Training Effectiveness Evaluation Form being forwarded together with notification memo/e-mail on such training and a measurement should be done against the staff's performance.*

Name : \_\_\_\_\_ Company/Dept. : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Date of Training : \_\_\_\_\_  
 Training Title : \_\_\_\_\_  
 Trainer : \_\_\_\_\_  
 Venue : \_\_\_\_\_

Rating Criteria :	5	-	Tremendous and excellent
	4	-	Very good with positive result
	3	-	Good but still need for better achievement
	2	-	Slightly good on certain area but need for more improvement
	1	-	Poor

	5	4	3	2	1
1. How well do you feel the training achieved its stated objective(s) after 3 months completion of the programme?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Did the incumbent start applying all the knowledge and/or skills?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Did the training help the incumbent to improve his/her work performance?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Did the incumbent get a clear idea on how to implement what he/she have learnt?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Did the incumbent aware that you are monitoring and evaluating since completion of the training?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Any improvement on practising new knowledge and/or skills?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. How well of the company's expectation are fulfilled after the return of the incumbent from this course?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. How well did the company utilize and benefits from the incumbent after return from this course?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Does the participants need any further course? If yes, please state.	a) _____ b) _____ c) _____				

Comments (if any): \_\_\_\_\_

Evaluated by : \_\_\_\_\_ Name : \_\_\_\_\_  
(Immediate Superior) Date : \_\_\_\_\_

Received Training Effectiveness Form on : .....

Checklist For Training Administration : .....