

Training Effectiveness Tracing Form

Employee Name : _____	Program Title : _____
Employee ID : _____	Trainer Name : _____
Designation : _____	Mode of Training : Internal/External/Overseas
Section : _____	Duration : _____
Department : _____	Date of Training : _____
Place of Training : _____	Date of Evaluation : _____

Rating	<input type="checkbox"/> 1 Poor	<input type="checkbox"/> 2 Average	<input type="checkbox"/> 3 Good	<input type="checkbox"/> 4 Very Good	<input type="checkbox"/> 5 Excellent
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S.No	Parameters	1	2	3	4	5	Rating
1	Benefit to the person/employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Benefit to the team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Benefit to the section/department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Improvement in process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Improvement in technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Practical Working Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Meeting the department/section requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Self/Managerial (Focused) Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	Usefulness of the programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Rating							
Percentage							

Percentage	<input type="checkbox"/> <35	Poor	<input type="checkbox"/> 36-50	Adequate	<input type="checkbox"/> 51-70	Good	<input type="checkbox"/> 71-85	Very Good	<input type="checkbox"/> 86-100	Excellent
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Note : Retraining will be conducted if percentage is below 50

HOD/HOS Remarks (If any):

T & D - HR
Greentech Industries (India) Pvt. Ltd.

Authorized Person from concerned Dept