|  |  |  |
| --- | --- | --- |
|  | **TRAINING EFFECTIVENESS FORM** | **SCOPE: HUMAN RESOURCES** |

Employee Name: Employee No: Training Imparted:

Date/Duration of Training: Course Conducted By:

|  |  |  |
| --- | --- | --- |
| BRIEF CONTENTS OF THE COURSE | **LEVEL PRIOR TO TRG.**  (On 1 to 5 Scale) | **LEVEL AFTER TRG.**  (On 1 to 5 Scale) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**The above employee has been observed for on-the-job performance for 3 months after undergoing the training & the following observations have been made:**

1. Has the employee acquired the necessary skills through training to perform his/her job? Please specify.
2. Has the employee been able to successfully implement his/her learnings of the training on the job?
3. Has the performance / effectiveness / behavior of the employee improved as a result of the training?
4. In case work performance has not improved, whether any retraining/advance training is required? If so, please specify.

#### DEPARTMENT HEAD

1 = Below Average, 2 = Average, 3 = Above Average, 4 = Good, 5 = Very Good.