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| **SUPPORTING DOCUMENTS**  **Computer Professionals, Inc.** | **Document Code :** FO-TR-IT-12 | |
| **Section:** 12.0 Customer Training  18.0 Employee Competence Development | **Issue No. :** 1 | **Page** 1 of 1 |
| **Title** : Training Effectiveness Evaluation | **Effective Date:**  17 April 2013 | |

**Note:** *Print this page only when adding / amending / deleting a document. If using this document as a record, this Revision History page can be omitted.*

**REVISION HISTORY**

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| --- | --- | --- | --- | --- | --- |
| Revision no | Date | Description of Changes | Reason for Revision | Revised by | Approved by: |
| 00 | 8 March 16 | Creation of Document | Created document to measure and address training effectiveness more efficiently | DRFortea | RCGanal |
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TM-BR-MG- 11 Rev00, 05302012

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| **Training Effectiveness Evaluation Form** | | | |
| Name: |  | Training Date: |  |
| Training Course: |  | Training Venue: |  |
| Skills (Please Check which is appropriate): |  | Type: | in-house public |

**Items 1 to 5, to be answered by Immediate Superior**

1. He/She use this skill regularly

Never Use Occasionally Use Frequently

If Never Use, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. He/She mastered the skill

Unable to Perform Intermediate Expert

If Unable to Perform, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. He/She was able to perform the skill immediately after receiving the training

Yes, Please Specify How Long \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No

1. Overall assessment of training effectiveness

Excellent

Very Satisfactory

Satisfactory

Needs improvement (Please specify the needs like re-training, more coaching, more work exposure, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Items 5 to 7, to be answered by Employee who took the training**

1. He/She learned to perform the skill as a direct result of the training course

Obtained the necessary information from another source. Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learned in training

1. Does the training relevant to your job or to the actual application of the skill you aquired

Yes No, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Overall assessment of training effectiveness

Excellent

Very Satisfactory

Satisfactory

Needs improvement (Please specify the needs like re-training, more coaching, more work exposure, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_