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| **SUPPORTING DOCUMENTS**  **Computer Professionals, Inc.** | **Document Code :** FO-TR-IT-13 | |
| **Section:** 12.0 Training | **Revision No. :** 1 | **Page** 1 of 1 |
| **Title** : Training Effectiveness Evaluation | **Effective Date:**  7 April 2016 | |

**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 | 10 March 16 | Creation of Document | Created document to measure and address training effectiveness more efficiently | DRFortea | RCGanal |
| 01 | 4 April 16 | Updated training effectiveness questions | Updated the questions and to have a criteria in creating the KPM’s for training effectiveness | DRFortea | RCGanal |
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TM-BR-MG- 11 Rev02, 10302015

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| **Training Effectiveness Evaluation Form** | | | |
| Name: |  | Training Date: |  |
| Training Course: |  | Training Venue: |  |
| Type: | In-house public |  |  |

**PART 1: To be answered by Immediate Superior**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Skills Listing** | **Assessment**  **Instructions:** Please check the appropriate skill no below. | | | | |
| **A.** He/She use this skill regularly. | **B.** He/She mastered the skill. | **C.** He/She was able to perform the skill immediately after receiving the training. | **D.** Unable to apply skill(s). | If Unable to apply skill(s), please specify reason below or you may add comments and suggestions. |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| **Overall assessment of training effectiveness**  Excellent  Very Satisfactory  Satisfactory  Needs improvement (Please specify the needs like re-training, more coaching, more work exposure, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| --- | --- | --- | --- |
| **Training Effectiveness Evaluation Form** | | | |
| Name: |  | Training Date: |  |
| Training Course: |  | Training Venue: |  |
| Type: | In-house public |  |  |

**Part 2: To be answered by trainee/employee**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Skills Listing** | **Assessment**  **Instructions:** Please check the appropriate skill no below. | |
| I learned to perform the skill(s) as a direct result of the training course. | If skill was obtained from another source, please specify (i.e. online, coaching from senior colleague, etc). You may add comments and suggestions on this section. |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| ***Is this training relevant to your current job? Please check answer below.***  *YES NO*  *If NO, please specify reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
| **Overall assessment of training effectiveness**  Excellent  Very Satisfactory  Satisfactory  Needs improvement (Please specify the needs like re-training, more coaching, more work exposure, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |