|  |  |  |  |
| --- | --- | --- | --- |
| **Program’s Name:** |  | | |
| **Duration of Program:** |  | | |
| **Completion Date(s) :** |  | | |
| **Evaluation Date:** |  | | |
| **Manager ‘s Name:** |  | **Clover ID:** |  |

Your help in evaluating the program will assist us in enhancing this course for future participants. Please respond to the questions as completely and objectively as possible.

(Strongly Agree-5, Agree-4, Disagree-3, Strongly Disagree-2, Not Applicable-1)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant’s Name :** |  | | | **Clover ID:** |  | | |
|  | | | | | | |  | |
|  | | | | | | |  | |
| Observation about Participant | | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |  | |
| Demonstrates knowledge gained through this training in day to day work | |  |  |  |  |  |  | |
| Employee demonstrates confidence and improved skills in the area trained | |  |  |  |  |  |  | |
| Client satisfaction has improved after the training | |  |  |  |  |  |  | |
| Productivity and outputs of the individual has improved | |  |  |  |  |  |  | |
| Do you have any Comments for the participant? | |  | | | | |  | |

**Signature of Manager**