

PART 1 - TO BE COMPLETED BY THE PARTICIPANT

Full Name:	Date:	Time Schedule (Start to End):
Position:	Training Venue Address:	
Training Title:	Name of Organizer / Trainer:	

A. TRAINING EVALUATION (Please circle the appropriate scale below)

How this training affects me:

- A1. Too basic 0 1 2 3 4 5 Too complicated
 ◆-----◆
- A2. Very theoretical 0 1 2 3 4 5 Useful practical example
 ◆-----◆
- A3. Irrelevant to my work 0 1 2 3 4 5 Very work relevant
 ◆-----◆
- A4. Too many hindrances 0 1 2 3 4 5 Very conducive to learning
 ◆-----◆

B. ANY OTHER COMMENTS

Please give suggestions on how this training program can be improved:

Date: _____

Signature: _____

(Note: Please return this form to HR Manager after completion of Part 1. Thank you.)

PART 2 - TO BE COMPLETED BY MANAGER IN CHARGE AFTER 3 MONTHS FROM TRAINING DATE

EVALUATION OF TRAINEE: This training improves the ability of the trainee on:

- Knowledge. Yes No Other: _____
- Work skill. Yes No Other: _____
- Productivity. Yes No Other: _____
- Sense of responsibility. Yes No Other: _____

Date: _____

Name & Signature: _____

PART 3 - COMMENTS BY MANAGING DIRECTOR

Remarks: _____

Date: _____ Name & Signature: _____

PART 4 - TO BE COMPLETED BY HR MANAGER

Further Action: _____

Date: _____ Name & Signature: _____