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| Employee Training Evaluation Form |
| Company Logo |
| Name of Employee: |  |
| Designation/ Post: |  |
| Name of Company: |  |
| Training for: |  |
| Trainer: |  |
| Name of Supervisor: |  |
| Purpose of Training: |  |
| Date of Training: |  | Date of Feedback: |  |
| *Kindly answer the following questions which pertains to the performance of the employee in the training:* |
| 1. Did the employee understand the basic criteria for this training?* Very accurately
* Mostly
* Not in the least
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| 2. Were there any particular areas that need special attention for improvement?* Not at all
* Yes. Specify:
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| 3. Was the employee able to grasp the training provided?* Definitely
* Average
* No
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| 4. Which are the qualities that have been brought forward through the training process? |
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| 5. Please rank the overall performance of the employee training:* Highly superior
* Good enough
* Mediocre
* Needs improvement
* Poor
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