

POST TRAINING PERFORMANCE EVALUATION FORM

Name of trainee:	Position:	Office/department:
Name of rater:	Position:	Date:
Title of training:	Date conducted:	Pre Test Score: _____ Post Test Score: _____

Part I. Supervisor's Evaluation (To be accomplished by the employee's supervisor)

Please evaluate the trainee by putting a check mark on the work performance factors in the table below.

<i>Application of Learned Knowledge & Skills</i>	<i>Point Equivalent</i>
TRAINING INEFFECTIVE (The employee DID NOT display or apply any improvement related to the training)	1
TRAINING SOMEHOW EFFECTIVE (The employee displayed MINIMAL improvement related to the training)	2
TRAINING EFFECTIVE (The employee displayed SUBSTANTIAL improvement related to the training)	3
TRAINING HIGHLY EFFECTIVE (The employee displayed INVALUABLE improvement and breakthroughs related to the training)	4

FACTORS WORK PERFORMANCE		4	3	2	1
Note: Read the following factors carefully. For every factor, rate the trainee based on what he/she has shown in his/her present job by marking the appropriate box.					
1	The employee applied new knowledge in his/her craft				
2	The employee has shown noticeable improvement in his/her outputs in terms of quality, efficiency and/or timeliness				
3	The employee has implemented new improved ways/system/procedure in the performance of his/her work through learned ideas				
4	The employee has improved his/her ability to generate ideas and recommendations relating to the training topic				
5	The employee has accepted and/or performed a higher level of responsibility related subject matter				
6	The employee was able to transfer the knowledge and skills gained from the training to co-workers through cascading				
7	The employee is able to work well without close supervision tries to achieve goals beyond what is required of his job after the training				
Average Rating:					
8	The employee has/was given opportunity to apply the knowledge & skills he/she learned in the training	Yes _____		No _____	

Overall Impression on the **Effectiveness of the Training based on the Employee's Performance/Behavior:**

Plans for further Improvement:

SIGNATURE ABOVE PRINTED NAME

Evaluated by:

(Rater / Immediate Supervisor)

(CHRM0-PDD Staff Name and Designation)