

**CASCADING and POST TRAINING PERFORMANCE EVALUATION FORM**

<b>NAME OF TRAINEE:</b>	<b>POSITION:</b>	<b>OFFICE/DEPARTMENT:</b>
<b>NAME OF RATER:</b>	<b>POSITION:</b>	<b>DATE COMPLETED:</b>
<b>TITLE OF TRAINING:</b>	<b>DATE CONDUCTED:</b>	<b>RESOURCE SPEAKER/S:</b>

**PART I. SUPERVISOR'S EVALUATION**

*(To be accomplished by the employee's supervisor)*

*Please evaluate the trainee by checking his/her rating based on the descriptions below.*

DESCRIPTION	PERFORMANCE LEVEL RATING	POINT EQUIVALENT
<b>Training is Ineffective</b> <i>(Lacks Consistency; does not always meet normal requirements and targets)</i>	Needs Improvement	1
<b>Training is Effective</b> <i>(Has done substantially more than what is expected and contributed improvements)</i>	Fair	2
<b>Training is Highly Effective</b> <i>(Results obtained far from the requirements of the position)</i>	Very Satisfactory	3
<b>Excellent Training Results</b> <i>(Extraordinary performance that makes the ratee stand out above others at the same general level of responsibility)</i>	Outstanding	4

**FACTORS**

**A. CASCADING**

*Note: Read the following statements carefully. For every factor, rate the trainee based on what he/she has shown in his/her present job by marking the appropriate box.*

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1 The TOPICS discussed WERE RELEVANT TO THE OFFICE'S MANDATE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The OBJECTIVES of the training WERE CLEARLY COMMUNICATED and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 The FLOW AND PACE of the cascading WAS APPROPRIATE for the topics covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 The employee was able to EFFECTIVELY EXPRESS HIS/HER NEWLY ACQUIRED KNOWLEDGE of the training topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OVERALL RATING:** \_\_\_\_\_

*Total Score/No. of items*

**FACTORS**

**B. WORK PERFORMANCE**

*Note: Read the following statements carefully. For every factor, rate the trainee based on what he/she has shown in his/her present job by marking the appropriate box.*

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1 The employee's KNOWLEDGE of the training's topic has been improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The employee's SKILL/S in the training's topic has shown noticeable improvement in terms of quality, efficiency and/or timeliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 The employee has APPLIED NEW SKILLS OR SYSTEM in the performance of his/her work through learned ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 The employee has improved his/her ability to GENERATE IDEAS AND RECOMMENDATIONS RELATING to the training topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 The employee has accepted and/or performed a HIGHER LEVEL OF RESPONSIBILITY in relation to the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 The employee was able to TRANSFER THE KNOWLEDGE and skills gained to co-workers through cascading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 The employee is able to work well without close supervision; TRIES TO ACHIEVE BEYOND THE MINIMAL LEVEL OF PERFORMANCE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OVERALL RATING:** \_\_\_\_\_

*Total Score/No. of items*

Overall impression in the results of the training attended:

---

---

---

Plans for Improvement:

---

---

---

SIGNATURE ABOVE PRINTED NAME

\_\_\_\_\_  
*(Rater / Immediate Supervisor)*

**PART II. POST-TRAINING EVALUATION ANALYSIS**  
*(To be accomplished by CHRMO-Learning and Development Section)*

**A. CASCADING**

- A re-cascading must be conducted.
- The training is well communicated.

**B. WORK PERFORMANCE**

- There is notable improvement on the trainee's performance, knowledge and skills. Training's goal has been achieved.
- Training is ineffective due to \_\_\_\_\_
- A refresher must be conducted to retain the knowledge and skills acquired in the training.
- Recommended for coaching/mentoring with immediate supervisor on \_\_\_\_\_.

OTHER NOTES:

---

---

---

---

---

EVALUATED BY:

\_\_\_\_\_  
*Signature over name/ Designation  
PDD Personnel*

\_\_\_\_\_  
*Date*