

TRAINING NEED

EMPLOYEE _____

TRAINING NEED _____

INITIATED BY _____ EMPLOYEE _____ SUPERVISOR _____ H/R

DATE _____

TRAINING OBTAINED

CLASS / SEMINAR _____

DATE _____

INSTRUCTOR _____

LOCATION _____

TRAINING EVALUATION

EMPLOYEE

DID THE CLASS / SEMINAR MEET THE COURSE OBJECTIVES? YES NO

IF NO, PLEASE EXPLAIN _____

DO YOU FEEL YOU HAVE OBTAINED THE SKILLS IDENTIFIED IN THE ABOVE TRAINING NEED? YES NO

IF NO, WHAT TRAINING NEEDS DO YOU HAVE? _____

SUPERVISOR

DOES THE EMPLOYEE NOW EXHIBIT THE SKILLS IDENTIFIED IN THE TRAINING NEED? YES NO

IF NO, RECOMMENDATION FOR FUTURE TRAINING NEED. _____

EMPLOYEE

DATE

SUPERVISOR

DATE

H/R MANAGER

DATE