

TRAINING EFFECTIVENESS EVALUATION
 (To be rated by the Supervisor)

 (Title of the Training/Seminar Attended)

Employee's Name: _____ Position: _____
 Date/s of Training: _____ No. of Hours: _____
 Venue: _____
 Conducted By: _____

Instruction: In scale of 1-5, with 5 as the highest and 1 as the lowest, (5 - Excellent; 4 - Very Satisfactory; 3 - Satisfactory; 2 - Fair; 1 - Poor) , please check (/) in the appropriate column, the benefits he/she gained from attending the seminar/training and the impact on his/her performance.

CRITERIA (IMPACT/BENEFITS GAINED)	R A T I N G					REMARKS
	1	2	3	4	5	
A - Improved faculty/employee's performance as exhibited by:						
- Efficiency						
- Effectiveness						
- Innovativeness / Creativeness						
- Improvement in Present Skills						
- Acquisition of New Skills						
Average Rating	(Total Rating for the Criteria divide by 5)					
B - Upliftment of faculty/employees's morale as exhibited by:						
- Improvement in Work Attitude						
- Increased Responsibility						
- Increased Self Confidence						
- Improved Initiative						
Average Rating	(Total Rating for the Criteria divide by 4)					
C - Other impact / benefits exhibited by:						
- Transfer of knowledge and skills gained (please enumerate the skills/knowledge acquired after attending the training):						
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
Average Rating	(Total Rating for the Criteria divide by Number of Criteria)					
Grand Total and Overall Rating	(Grand Total Rating divide by 3)					

RATING GUIDE:

Rating	Ranges	Adjectival Rating
5	4.51 - 5.00	Excellent
4	3.51 - 4.50	Very Satisfactory
3	2.51 - 3.50	Satisfactory
2	1.51 - 2.50	Fair
1	1.00 - 1.50	Poor

Comments / Suggestions: _____

Rated by: _____ Signature: _____ Date: _____
 Immediate Supervisor's Name