Training Effectiveness Questionnaire

Staff & Course details:

Name:	Department/Section:
Course Title:	Dates (Start/End):
Type:	Location:

#	Criteria	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	My on-the-job performance has increased as a result from attending the course					
2	I had the opportunity to utilize my new skills					

If you **didn't have** the opportunity to utilize your skills; select the reasons that apply:

- I didn't learn any applicable skills
- I didn't have the opportunity to implement
- I was loaded with work
- Others have discouraged me
- Other reasons:

If you **had** the opportunity to utilize your skills; kindly answer the following:

- What item of learning you implemented from the course?

  ……
  ……
  ……

- Kindly **include any evidence and attach it** when submitting the form to the HR (new processes, systems, improvement in customer satisfaction)

  ……
  ……
  ……

To be filled by the head of section:

#	Criteria	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	Employee's performance increased after the course based on observed evidence at work					
2	I will not hesitate to send another employee to the same course					

If your employee **didn't have** the opportunity to implement and utilize the skills learned, kindly answer the following:

- How can you support the employee to implement the new learning acquired? (what can be applied and what resources would be needed)

  ……
  ……
  ……

If your employee **had** the opportunity to implement and utilize the skills learned, kindly answer the following:

- What are the results observed from the new learning implementation? (new processes, systems, improvement in customer satisfaction)

  ……
  ……
  ……

Line Manager overall rating (%)

Sign off:

Employee Signature: Date:

Head of Section Approval:
Name:
Date:
Signature:

Department Director Approval:
Name:
Date:
Signature: