



TRAINING EFFECTIVENESS EVALUATION FORM

Institute : _____

Staff Name : _____ Department: _____

Course Title : _____ Course Date: _____

Course Venue : _____

| | |
|---|--------------------------------|
| Course Objectives | |
| Comments by trainee <u>BEFORE</u> the training based on course objectives. | |
| Comments by trainee <u>AFTER</u> the training | Signature : _____ Date : _____ |
| Verified by the Immediate Superior | Name: _____ Date: _____ |