

**Section H – TERMINATION AND EVALUATION DATA (To be completed by Trainee)**

|  |   |             |           |
|--|---|-------------|-----------|
| Trainee Name:  | Course Title:   | Start Date: | End Date: |
| 31. Course was completed<br>a. <input type="checkbox"/> Yes<br>b. <input type="checkbox"/> No – <i>Return this form with a note explaining circumstances</i> | 33. All sessions were attended<br>a. <input type="checkbox"/> Yes<br>b. <input type="checkbox"/> No – <u>Explain</u><br>_____<br>_____<br>_____ |             |           |
| 32. Academic grade/score   | _____   |             |           |

| <b>AREAS OF EVALUATION</b><br>(Place (X) in appropriate column to indicate your evaluation of items 34 through 45. Do not attempt to split a rating) |                        |                 |                      | Rating |      |   |
|--|------------------------|-----------------|----------------------|--------|------|---|
|  |                        |                 |                      | A      | B    | C |
| 34. Coverage of subject matter   | A = Excellent          | B = Sufficient  | C = Poor             |        |      |   |
| 35. Organization of subject matter   | A = Well Organized     | B = Adequate    | C = Poorly Organized |        |      |   |
| 36. Suitability of instructional materials   | A = Excellent          | B = Adequate    | C = Poor             |        |      |   |
| 37. Level of difficulty  | A = Too Advanced       | B = Appropriate | C = Too Elementary   |        |      |   |
| 38. Length of course   | A = Too Long           | B = Appropriate | C = Too Short        |        |      |   |
| 39. Amount of outside or evening work  | A = Too Much           | B = Appropriate | C = Insufficient     |        |      |   |
| 40. Effectiveness of instructors   | A = Excellent          | B = Good        | C = Poor             |        |      |   |
| 41. Applicability of subject matter to the job   | A = Significant        | B = Adequate    | C = Insignificant    |        |      |   |
| 42. Facilities   | A = Excellent          | B = Good        | C = Poor             |        |      |   |
| 43. Meet career development plans  | A = Yes                | B = No          | C = Not Applicable   |        |      |   |
| 44. Were your objectives in taking this course met?  | A = Yes                | B = Partially   | C = No               |        |      |   |
| What were they? _____  |                        |                 |                      |        |      |   |
| 45. Do you recommend this program for others?  | A = Highly Recommended | B = Recommended | C = No               |        |      |   |
| If so, whom? _____   |                        |                 |                      |        |      |   |
| 46. Comments on weak points of course<br>_____   |                        |                 |                      |        |      |   |
| 47. Comments on strong points of course<br>_____   |                        |                 |                      |        |      |   |
| 48. Additional comments<br>_____   |                        |                 |                      |        |      |   |
| 49. Signature of trainee   |                        |                 |                      |        | Date |   |

**Section I – SUPERVISORY COMMENTS (To be completed by employee’s immediate Supervisor)**

|   |                              |                                 |  |
|---|------------------------------|---------------------------------|--|
| 50. Have you discussed this course and its application to the job with this employee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No     |  |
| 51. What were your objectives in having employee attend course?<br>_____              |                              |                                 |  |
| 52. Were the objectives of the training achieved?<br>_____                            |                              |                                 |  |
| 53. Additional<br>_____   |                              |                                 |  |
| 54. Signature of Supervisor   | Date                         | <b>TRAINING OFFICE USE ONLY</b> |  |