Training Assessment Form

Submit Assessment By:

Trainee Name:

Training Program/Module:

Note: Please complete this form based on the trainee's performance during the training session. For the Score/Rating column, you may use either descriptive ratings (Excellent, Good, Average) or numeric scores (5-1)

Training Evaluation Criteria	Score/Rating	Trainer's Feedback

Overall Training Evaluation:

Trainer Signature: _____

Assessment Date: _____