**Post-Training Assessment Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | **Department:** |  |
| **Training Title:** |  | **Trainer’s Name:** |  |
| **Date of Training:** |  | **Location (if applicable):** |  |

**Section 1: Participant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Designation:** |  |
| **Employee ID:** |  | **Supervisor’s Name:** |  |

**Section 2: Knowledge Assessment**

**Instructions:** Please answer the following questions to assess what you learned during the training.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Question** | **Participant’s Response** | **Trainer’s Score (1–5)** |
| 1 | List two key concepts you learned from this training. |  |  |
| 2 | How will you apply these concepts to your job? |  |  |
| 3 | What challenges might you face when applying this learning? |  |  |
| 4 | Rate your overall understanding of the training material. | ☐ Excellent ☐ Good ☐ Fair ☐ Poor |  |
| 5 | How confident do you feel performing related tasks after this training? | ☐ Very Confident ☐ Confident ☐ Somewhat Confident ☐ Not Confident |  |

**Section 3: Practical Application Test (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task/Skill Evaluated** | **Criteria** | **Trainer’s Score (1–5)** | **Remarks** |
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**Trainer Comments:**

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**Section 4: Participant Feedback**

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| --- | --- |
| **Question** | **Response** |
| 1. Was the training relevant to your job? | ☐ Yes ☐ No |
| 2. Were the objectives of the training clearly defined? | ☐ Yes ☐ No |
| 3. Was the trainer effective and knowledgeable? | ☐ Yes ☐ No |
| 4. Would you recommend this training to others? | ☐ Yes ☐ No |
| 5. Additional comments/suggestions: |  |

**Section 5: Evaluation Summary (Trainer Use Only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Knowledge Gained |  | Skill Application |  |
| Participation & Engagement |  | Post-Training Test Score |  |
| **Overall Average Score** |  |  |  |

**Section 6: Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Signature** | **Date** | **Trainer Signature** | **Date** |
|  |  |  |  |