

INTEGRAL CAOCH FACTORY, CHENNAI - 38	
EVALUATION OF EFFECTIVENESS OF TRAINING	DATE OF EVALUATION:
<b>1. Name of the employee: .....Designation:.....</b> <b>Token No: ..... Emp. No.: .....Shop/ Office: .....</b>	
<b>2. Description of the Training given:</b>	
<b>3. Letter Reference &amp; date:</b>	
<b>4. In-house/External Training:</b>	
<b>5. Organization/Institution which given training:</b>	
<b>6. Period &amp; Duration of the Training:.....to ....., .....days/months</b>	
<b>7. Objective of the training:</b>	
<b>8. Effectiveness:.....%</b> <u>Guidelines for checking the effectiveness of training in descriptive manner:</u> <b>Effectiveness of Training: Extent to which the objective of the training was realized.</b> (Indicate as % (Scale 30 % - 100 %) ( below 60 % - below average, above 60% - average & above 80% - outstanding) <b>a) If the employees is put on the new work/ assignment immediately for which trained:</b> Monitor the Quality/result of the practical work for one month and rate the effectiveness. <b>b) If it is not possible to put the employees on the new work/assignment for which trained:</b> (e.g. Trained for up-gradation of knowledge/ new technology / Refresher training or the pre-promotional training etc.) Interview the theoretical knowledge gained by employee on the subject, the training was imparted-immediately after the training and the rate of effectiveness. If felt necessary, recommend for later date evaluation when the employee would be put on the new work/ assignment for which trained.	
<b>9. If the rating is less than 60%. Indicate the details of further training to be imparted:</b> <b>Topic : .....( Theoretical/ Practical)</b>	
<b>10. Remarks of the evaluator (immediate Supervisor/ Officer) if any :</b> Later date evaluation required : Yes/ No: Signature of the evaluator:..... Designation:.....	

**EVALUATION OF TRAINEES:**

Name of the Trainee :

Design. & Emp.No. :

Name of the course :

Name of Institution :

Date of Training :

Skill acquired		High	Medium	Satisfactory	Low
	Supervisory				
	Technical				
	Soft Skills				
Attitude	Towards Superiors				
	Towards Peer group				
	Towards Subordinates				
	Towards work				
Application of above parameters in Work					
Benefit to the organization					

QUALIFIED	NOT QUALIFIED
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EVALUATED BY (Concerned Controlling Officer)	
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Signature of the Officer	
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