

# 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: \_\_\_\_\_