



TRAINING EVALUATION FORM

Name of Trainee : _____
Unit : _____
Position : _____
Subject Taken : _____
Date : _____

PART I – PERFORMANCE / SKILL EVALUATION

CRITERIA	PERCENTAGE	GRADE (%)

Overall Rating

Passed

() 91-100 % Capable Without Supervision

() 75- 90 % Capable With Supervision

Failed

() 74 % and below

PART II – RECOMMENDATION

Assessed by:

(Signature over Printed name)

Date Assessed:

Noted by:

(Department Manager)