

LEARNING RECOMMENDATION & EVALUATION FORM

This is to assist the supervisor in determining training targets and measuring benefits of a course.

1. Please fill up when a staff applies or is nominated for a training programme.
2. Staff will have to complete the Learning Evaluation form upon completion of training programme.
3. Immediate managers will review course targets after a staff has completed his/her training programme.

PART I For Participants - Particulars, Training Details & Objectives

Name of Participant : _____	Employee No : _____
Designation/Dept : _____	Date in Service : _____
Programme Title : _____	
Training Institution : _____	
Commencement Date : _____	Course Fee : _____ <i>(Please attach course brochures)</i>
No of Training Days / Hours: _____	Eligibility for Grant : _____
Objectives: _____	

_____ Signature of Participant	_____ Date

PART II Objectives Review

(To be filled by immediate manager)

Course Key Results

I confirmed that I have discussed the above course key results to be achieved/applied by my staff before completion of the course – Sign below;

Name of Immediate Manager

Signature & Date

PART III Approval
(For both Internal & External courses)

Site Director, WPPL / Next Level Manager	HR Manager
Approved / Not Approved Remarks - _____ _____ Signature Date	Approved / Not Approved Remarks - _____ _____ Signature Date

PART IV Review on course key results set in Part II of this form (To be filled by Immediate Manager after the training programme, recommended within 1 year after the date of training completion.)

Please Circle Ratings Accordingly	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
1. Effective application of learner's knowledge and skills after Training	1	2	3	4	5
2. Display greater confidence in executing learner's tasks	1	2	3	4	5
3. Achieve learner's course objective/expectation	1	2	3	4	5
4. Improvement in overall work performance	1	2	3	4	5

Comments:

Does trainee meet the training key result(s)? **Yes/No**

Is trainee required to have another evaluation? **Yes/No**

If yes, please state next evaluation date: _____

Follow-up actions required? **Yes/No**

If yes, please state _____

Name _____

Signature _____

Date _____