

# Manager Assessment of Employee Training

This assessment is designed for managers to evaluate the effectiveness and job application of training completed by an employee. Please fill out the fields below for record-keeping and printing.

## 1. Employee & Training Information

Employee Name:

Job Title:

Department / Team:

Training Program Title:

Date of Training Completion:

## 2. Training Evaluation & Job Application

Identify the key skills or knowledge the employee acquired during this training:

Describe how the employee has demonstrated these new skills in their daily work:

What has been the impact of this training on the employee's overall job performance? (e.g., improved efficiency, increased accuracy, new capabilities):

Rate the training effectiveness (Low, Medium, High) and provide justification:

## 3. Future Development & Support

What additional coaching, resources, or follow-up training does the employee need to fully implement what they learned?:

## 4. Sign-Off

Manager Name:

Manager Signature:

Date of Assessment: