

POST-TRAINING REPORT FORM

Part I. To be filled up by the Participant

Name of Participant:	
Office/Agency:	
Conference/Course Title:	
Duration:	
Sponsor (If any):	
Place:	

➤ **General Evaluation (procedure, topics discussed, comments on the conduct of the program):**

➤ **Relevance of the Course to the Participant's Functions in the Office:**

➤ **Recommendations**

Part II. To be filled up by Participant and Immediate Supervisor (De-briefing)

Skills/Knowledge gained by the Participants:

Re-entry/Action Plan

Activities	Time Frame	Expected Output

For the Supervisor:

- How will you support the implementation of his/her re-entry/action plan?

- Have you discussed any concerns/resources needed by your subordinate so that he/she can effectively transfer/apply his/her gained knowledge/skills?

- Would you be willing to send him/her again to other training/seminars?

Yes _____ No _____ Others _____

If yes, please specify courses:

Proposed Date of Seminar: _____

Submitted by:

Position/Designation

Date

Noted/Confirmed By:

Position/Designation