

Document title: Course effectiveness evaluation Form	<h1 style="margin: 0;">Organization</h1> <h2 style="margin: 0;">logo</h2>	Document code: F-TR-05
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Head of UnitMrs/Mr.....
Please comment on the effectiveness of training Held for Ms..... on date

Course Name / Code: Event Place:
Event Plac: Date:

No	Evaluation criteria	very good	Good	neutral	Bad	very bad	Total
		5	4	3	2	1	
1	Mastery of the preparation process/activity						
2	Mastery of Setup of devices						
3	Mastery of the person to perform the assigned activities						
4	Mastery of self-control and detection of failures						
5	Reduction of breakdowns the activities						
6	Mastery of the resolving of minor breakdowns						
7	Mastery of the resolving of major breakdowns						
8	Mastery of planning the activities						
9	Increasing speed and accuracy in doing work						
10	Increasing individual work efficiency						
11	It does not cause accidents due to carelessness						
12	Reducing device broken time						
13	Increase accountability in performance						
14	Increasing the motivation to perform responsibilities						
15	transferring knowledge to others						
16	Commitment and responsibility to maintenance of equipment						
17	Reducing environmental pollution in the process						
18	Increasing the health of the person due to the observance of health principles						

Other comments and suggestions:
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Calculation formula: (Total points earned divided by the expected score (90)) * 100

Name

Date:

Signature: