

**TRAINING COURSE EVALUATION**  
*(Privacy Act Statement on Reverse)*

**SECTION A - TRAINEE INFORMATION**

1. APPLICANT'S NAME (Last-First-Middle Initial)		2. SOCIAL SECURITY NO.
3. ORGANIZATION MAILING ADDRESS (Branch-Division/Office/Bureau/Agency)		4. OFFICE TELEPHONE (Area code, number, ext.)
5. POSITION TITLE/FUNCTION	6. PAY PLAN/SERIES/GRADE	

**SECTION B - TRAINING COURSE DATA**

7a. NAME AND MAILING ADDRESS OF TRAINING VENDOR (Number, Street, City, State, ZIP Code)				7b. LOCATION OF TRAINING SITE (If same, mark box) <input type="checkbox"/>			
8. CATALOG/COURSE NUMBER		9. COURSE TITLE					
10. TRAINING PERIOD (6 digits)			11. NUMBER OF COURSE HOURS (4 digits)			12. TRAINING CODES	
	Year	Month	Day	a. During duty		a. Purpose	Code
a. Start				b. Non-duty		b. Type	d. Special Interest
b. Complete				c. TOTAL		c. Source	e. Curriculum
							f. Training Priority

**SECTION C - TERMINATION AND EVALUATION DATA (To be completed by Trainee)**

13. COURSE WAS COMPLETED a. <input type="checkbox"/> YES b. <input type="checkbox"/> NO - Return this form with a memo explaining circumstances	14. ACTUAL COURSE DATES (Month/Day/Year)						15. ACTUAL COURSE HOURS	
	a. Commenced			b. Completed			a. Duty	b. Non-Duty
	Month	Day	Year	Month	Day	Year		
16. ALL SESSIONS WERE ATTENDED <input type="checkbox"/> YES <input type="checkbox"/> NO - Explain _____								

**AREAS OF EVALUATION**

(Place (X) in appropriate column to indicate your evaluation of items 22 through 33. Do not attempt to split a rating)				Rating		
	A = Yes	B = Partially	C = No	A	B	C
17. Stated objective accomplished						
18. Coverage of subject matter						
19. Organization of subject matter						
20. Suitability of instructional materials						
21. Level of difficulty						
22. Length of course						
23. Amount of outside or evening work						
24. Effectiveness of instructors						
25. Applicability of subject matter to the job						
26. Facilities						
27. Recommendation to colleagues						
28. Meet career development plans						

REMARKS

**SECTION C - TERMINATION AND EVALUATION DATA (To be completed by trainee)**

29. COMMENTS ON STRONG POINTS OF COURSE

30. COMMENTS ON WEAK POINTS OF COURSE

31. WHAT WERE YOUR OBJECTIVES IN TAKING THIS COURSE? WERE THEY MET?

32. DO YOU RECOMMEND THIS PROGRAM FOR OTHERS? IF SO, WHOM?

33. ADDITIONAL COMMENTS

34. SIGNATURE OF TRAINEE

DATE

**SECTION D - SUPERVISORY COMMENTS (To be completed by trainee's immediate supervisor)**

35. HAVE YOU DISCUSSED THIS COURSE AND ITS APPLICATION TO THE JOB WITH THIS EMPLOYEE?  a. YES  b. NO

36. WHAT WERE YOUR OBJECTIVES IN HAVING EMPLOYEE ATTEND COURSE?

37. WERE THE OBJECTIVES OF THE TRAINING ACHIEVED?

38. ADDITIONAL COMMENTS

39. SIGNATURE OF SUPERVISOR

DATE

PERSONNEL USE ONLY

**PRIVACY ACT STATEMENT**

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

AUTHORITY - The Government Employees Training Act of 1958 (U.S. Code, Title 5, sections 4101 to 4118).

PURPOSES AND USES - The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training, and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

EFFECTS OF NONDISCLOSURE - Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in ineligibility for participation in training programs.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b) - Disclosure by your of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the Office of Personnel Management is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate Government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.