

**LONG-TERM TRAINING (LTT) EVALUATION
(6 weeks after program completion)**

QUESTIONNAIRE FOR SUPERVISOR

1. **Trainee's Name:**
2. **Name of LTT Program:**
3. **Date of LTT: Started: Completed:**
4. **Was the training program conducted as advertised? Yes No (If no, explain).**

5. **Summarize work assignments and projects.**

6. **Attach a copy of the student's transcript to show courses completed and grades received.**
7. **Describe any changes to the original program plan, if any.**

8. **Describe how the trainee is applying knowledge gained from the LTT in current work assignments.**

9. **Based on the utilization plan, what future work assignments have you designed which will reinforce and demonstrate the trainee's newly acquired knowledges and skills?**

Date:

Supervisor's Signature

Supervisor's Name and Organizational Title