

**LONG-TERM TRAINING (LTT) EVALUATION
(8 months after program completion)**

QUESTIONNAIRE FOR TRAINEE AND SUPERVISOR

PART I - GENERAL INFORMATION

1. Trainee's Name:
2. Name of LTT Program and location:
3. Employing Organization:
(If you have changed organizations since completing your training, indicate date of reassignment.)
4. Dates of LTT: Started: Completed:

PART II - QUESTIONS

Instructions: Trainee should respond to each of the following questions and then forward the evaluation to his/her supervisor who also comments on each question. Attach a copy of the trainee's LTT utilization plan.

1. To what extent do you feel that the increased knowledge and skill you acquired through the LTT are being used? State accomplishments resulting from the use of the training in your job.

SUPERVISOR'S COMMENT: (Indicate extent to which the original utilization plan is being carried out.)

2. If, in your opinion, there is no significant use of the LTT, please describe the factors that you believe may be preventing better use of the training.

SUPERVISOR'S COMMENT:

3. Do you believe there is another equal or better way to obtain this knowledge or skill?

SUPERVISOR'S COMMENT:

4. While participating in the training, did you talk with your supervisor or other management officials at your activity? If so, were discussions related to courses you were taking, career development, or other job-related matters? To what extent did your supervisor participate in formulating and directing your program of study in order to achieve the best results for you and your activity?

SUPERVISOR'S COMMENT:

5. Has there been any discussion between you and your supervisor or other management officials about how your increased capabilities will be used now that you have returned to work? If so, please describe. If not, please state what positions or assignments you believe would most fully use your new knowledge/skill.

SUPERVISOR'S COMMENT:

6. Did the LTT experience motivate, influence, or generate additional interest in continuing self education, present or planned participation in professional organizations, writing technical papers for publication, and participating in task

force assignments or special work groups?

SUPERVISOR'S COMMENT:

- 7. In view of the above, do you think the training accomplished its purpose and should be recommended in similar circumstances?**

SUPERVISOR'S COMMENT:

- 8. Has your job changed in terms of grade, responsibility, or organizational level since completion of the LTT? If yes, explain.**

SUPERVISOR'S COMMENT:

Signature (Trainee)

Date (Trainee)

Signature (Supervisor)

Organizational Title and Date (Supervisor)