

TCICAA POST COURSE DISCUSSION WITH MANAGER

This form is to be completed by the Manager and Individual approximately three months after the training has taken place. It is to evaluate the effectiveness of the learning once the Individual has returned to the work place.

Name:.....
Course Title:
Dates:.....

Reason for attending (As discussed with manager prior to training event)
You hoped to gain from the course.....

To select check box, double click check box and in 'Default Value' select 'checked'

Did the training meet your objectives and expectations? Yes No

Please tick one of the following to show how effective you feel the training has been:

Fully Effective

Partially Effective

Ineffective

Please give examples of how you have implemented the learning:

Please list any actions resulting from Feedback Discussion

Participant and Manager to sign on page 2.

To be signed by both parties

Signed:..... Participant:.....

Signed:..... Manager:.....

Date:.....

Thank you for completing this form.
Please return this to the TCICAA Training Coordinator.