RESPONSE TO TRAINING SURVEY

1. SUPERVISOR'S NAME	2. SHOP	3. DATE

4. COURSE	5. TRAINING ACTIVITY	6. TRAINING DATES

Your opinion is of importance and your help is appreciated. Please reply promptly, within ten business days via yard mail to the Career Development Division (code 73300).
Your employee completed the training activity listed below on the date indicated. With respect to this training activity, please respond to the following statements.

Please answer the following questions for each employee that received the above training.

1. There has been a positive change in the employee's behavior related to the workplace, work assignments, and/or fellow employees attributable to this training.
2. There has been an improvement in job performance attributable to the training.

7. EMPLOYEE NAME	8. SHOP	9. QUESTIONS FROM ABOVE	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	N/A
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐
		Question 1	☐	☐	☐	☐	☐	☐
		Question 2	☐	☐	☐	☐	☐	☐

10. I have discussed this course with the employee, identifying positive or negative aspects of the course. ☐ YES ☐ NO

11. I would recommend this training to other FRCSE employees as it applies to their work. ☐ YES ☐ NO

12. PLEASE ENTER ADDITIONAL COMMENTS AND UTILIZE THE BACK IF NECESSARY:

All fields required.
Complete all required fields and mark unused optional fields with N/A.