
Training Evaluation Form

Training Program: _____

Date: ___ / ___ / _____

Instructor(s): _____

Participant Details:

- Name: _____
- Department: _____

Evaluation Table:

Criteria	Excellent	Good	Fair	Poor	Comments
Content Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presentation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interactive Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Materials and Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Venue and Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Implementation of Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
----------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--

Open Feedback:

- What did you like most about the training?

- What aspects of the training could be improved?

- How will you apply what you learned?

- Additional comments or suggestions:

Participant Signature: _____

Date: ___ / ___ / _____

EMPLOYMENT VERIFICATION

[Company Logo]

[Current Date]

Re: Employment Verification for [Employee Name]

To Whom It May Concern:

This letter is to certify that [Full Name] [is/was] an employee at [Company Name] and [is/was] working as a full-time [Job Title] since [Start Date] to [Term Date]. [His/Her] gross salary [is/was] \$[Amount] per annum.

If you have any questions regarding [Mr./Ms.] [Last Name]'s employment, please contact our office at [HR phone number].

Sincerely,

[Signature of authorizing person]

[Name of authorizing person]

[Title of authorizing person]