

Employee End of Day

Training Report Form

Employee Details

Full Name: _____

Employee ID: _____

Department: _____

Date: _____

Training Details

Training Session: _____

Trainer's Name: _____

Training Duration: _____

Key Topics Covered: _____

Skills Acquired: _____

Training Feedback

1. How relevant was the training to your job? Excellent Good Average
 Poor

2. Did the training improve your understanding of the subject? Yes No

3. Suggestions for improvement:

Action Plan

What new skills will you apply in your role?

Additional Training Required? Yes No

If yes, specify: _____

Employee Signature: _____

Trainer Signature: _____