

# Restaurant Staff Training Form

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Training Date: \_\_\_\_\_

Trainer Name: \_\_\_\_\_

## 1. Training Topics

- Restaurant Policies & Procedures
- Customer Service Standards
- Food Safety & Hygiene
- Order Taking & POS System
- Table Setup & Presentation
- Handling Customer Complaints
- Emergency Procedures
- Kitchen & Equipment Use

## 2. Employee Performance Evaluation

Training Area	Evaluation (1-5)	Trainer Notes	Need Improvement? (Yes/No)
Greeting Customers	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Handling & Safety	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Handling Orders &amp; Payments</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cleaning &amp; Sanitation</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Teamwork &amp; Coordination</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Problem Solving</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Overall Professionalism</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. Employee Acknowledgment

I, (Employee Name), confirm that I have received and understood the training provided.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_