



## **SOUTH EASTERN KENYA UNIVERSITY**

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### **STAFF POST TRAINING EVALUATION FORM FOR HEADS OF DEPARTMENTS**

**MARCH, 2024**

## PART 1 – PERSONAL DETAILS

NAME:.....PF.NO.....

DEPT.....

FACULTY: .....

TRAINING ATTENDED: .....

OBJECTIVE OF TRAINING:.....

## PART 2 – EVALUATION CRITERIA

The following statements concern if the training attended by your member of staff has improved their performance. On a scale of 5 – 1; where 5 = Excellent 4 = Good 3 = Average 2 = Poor 1 = Weak

TRAINING EVALUATION FORM						
S/NO.	EVALUATION FACTOR	5	4	3	2	1
1.	The employee is able to apply knowledge and skills learnt during the training to his/her job					
2.	Employees work requires the knowledge and skills presented in the training					
3.	Adequate resources were provided to attend the training.					
4.	The training was a worthwhile investment in employees' career growth					
5.	The training objectives are being implemented in employee's daily work.					
6.	I recommend/ Not recommend this training to other members of staff					
7.	The training has improved employee's performance (Give details, if any, in the space provided below).					

Comments.....

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HoD's Name: .....Signature: .....