**WORKPLACE APPLICATION OF LEARNING EVALUATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | |  | |  |
| **Title of Training:** | |  | | | | | | | |
|  | |  | | | | | | | |
| **Inclusive Dates:** | **From** | | Click here to enter a date. | | | **To** | | Click here to enter a date. | |
| **Implemented/Delivered/Managed by:** | | | | |  | | | | |

**Directions:** Please assess the effectiveness of the training program according to the indicators below. Put a tick/check (/) under the appropriate column.

**PART I – ACTION PLAN AND JOB-EMBEDDED LEARNING EVALUATION**

Please rate the training participant along the following items:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Strongly Agree | Agree | Disagree | Strongly Disagree |
| **ACTION PLAN IMPLEMENTATION** | | | | |
| 1. Action Plan responds to the need of the school/organization | **☐** | **☐** | **☐** | **☐** |
| 1. Action Plan shows learning from the training attended | **☐** | **☐** | **☐** | **☐** |
| 1. Action Plan was implemented efficiently | **☐** | **☐** | **☐** | **☐** |
| 1. Action Plan has satisfactorily achieved its objectives | **☐** | **☐** | **☐** | **☐** |
| **JOB-EMBEDDED LEARNING** | | | | |
| 1. Job-Embedded Learning contract reflects competency-focus of the training attended | **☐** | **☐** | **☐** | **☐** |
| 1. Training participant shows the desired competencies targeted by the training attended | **☐** | **☐** | **☐** | **☐** |

*Note: Attach supporting documents where applicable*

**PART II- CRITICAL INCIDENTS**

Write below any critical incidents which show how the training participant has demonstrated the training competencies not captured in the questionnaire above (Use additional sheets if needed).

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **SITUATION/TASK** | **ACTION** | **RESULT** |
|  |  |  |  |

**Note: Attach supporting documents where applicable**

Evaluated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Regional Director