



### **Questionnaire on Training Effectiveness** Part (1)

The employee shall fill out the application data on the date of the Training Course. Please submit this application to the Training Service Provider before leaving training course location.

#### **Course Details:**

Name:	Department:
Training Course:	Date:
Training Service Provider:	Site:

		Never agree at all	Do not agree	Disagree a little	Agree a little	Agree	Strongly agree
1-	This Training Course has achieved my individual objectives	0	0	0	О	0	0
2-	I have acquired a deeper understanding of the Training Course subject by participating therein.	0	0	0	0	0	0
3-	My job performance level will rise as a result of my attendance to this training course	0	0	0	0	0	0
	Training Service Provider in this course:						
4-	Have the full readiness to perform this training course.	0	0	0	0	0	0
5-	Created an appropriate educational and training environment	0	0	0	0	0	0
6-	Organized the training sessions properly to make the most use of the training session during its specified time	0	0	0	0	0	0
7-	Was an expert within its area of competence	0	0	0	0	0	0
8-	Was responsive in respect of the group needs.	0	0	0	0	0	0
9-	The number of participants in this training course was appropriate	0	0	0	0	0	0
	I am satisfied with the educational level submitted to me.	0	0	0	0	0	0
10	The training course facilities were equipped with the highest standards of quality	Ο	0	Ο	Ο	0	Ο







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What are your issues of concern in this program?

Are there any issues you expected to learn during this program, they were not included?

Please provide us with your notes related to the quality of this training course.

#### **Training Course Application Plan:**

What are the achievements obtained from this Training Course that you want to apply?

When would you like to complete this?

What is the support you need to complete this?





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### **Questionnaire on Training Effectiveness Part (2)**

The employee shall fill out the application data after three months from attending the Training Course. Please discuss this questionnaire with your line manager and request his/her approval before sending it to Human Resources Department.

#### **Course Details:**

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Name:	Department:
Training Course:	Date:
training service provider:	Site:

		Never agree at all	Do not agree	Disagree a little	Agree a little	Agree	Strongly agree
1-	My job performance level has raised as a result of my attendance to this training course	0	0	0	0	0	0
2-	I had the chance to make the best use of the skills I learnt in this training course.	0	0	0	0	0	0

If you had not the chance to make the best use of the skills, kindly specify the reasons.				
3-	I have not learnt anything I could apply.	0		
4-	I have not had the chance	0		
27-	I was very busy	0		
28-	Others have discouraged my attempts to change.	0		

# If you had the chance to make the best use of your skills, please answer the following questions

What are the educational and training points you have applied after this course? Please submit any evidence that indicates your application based on what you have learnt during this Course (new operations, systems, improving client's satisfaction, etc.)





# The participants in this questionnaire are kindly requested to answer the following questions

Are there any training aspects that would make the training course more useful if it had been available?

Have the experiences helped in determination of any other needs of yours in training and development?

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### This part shall be filled out by the Line Manager:

		Never agree at all	Do not agree	Disagree a little	Agree a little	Agree	Strongly agree
1-	I have noticed an increase in the employees' performance in workplace since their attendance to this Training Course	0	0	0	0	0	Ο
2-	I have noticed indicators that prove that employees benefit from the acquired skills in this Training course.	0	0	0	0	0	0
3-	I will not hesitate to send another employee to attend this Training Course	0	0	0	0	0	0

If your employees could not use the acquired skills from this Training Course, please answer the following questions:

How could you support the employee to use the acquired skills from this Training Course? Please specify the procedures that could be applied, the resources needed by the employee to complete it and the deadline.

## If your employees could use the acquired skills from this Training Course, please answer the following questions:

What are the results you have noted its impacts on the employee which indicate application of the acquired skills from this Training Course (new operations, systems, improving client's satisfaction, etc.)?

Employee's Signature	Date:
Manager's Approval	
Signature	Date:
Name:	Job description:

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