

**DEPARTMENT OF JUSTICE
TRAINING SECTION**

POST-TRAINING EVALUATION ASSESSMENT

Participant: _____ Office/Station: _____
 Program Title: _____ Training Date: _____

Please check the box that best describes the knowledge/skills/behavior of your staff after his/her attendance to the above-mentioned training/seminar.		Unsatisfactory	Satisfactory	Very Satisfactory	Excellent
KNOWLEDGE ACQUISITION					
1.	Applies knowledge to enhance or modify his/her work.				
2.	Shares his/her learning/s to colleagues.				
3.	Provides further information, support, and assistance to stakeholders.				
COMMITMENT TO QUALITY					
1.	Looks for opportunity to improve work practices.				
2.	Pays attention to quality of work.				
3.	Performs work with painstaking care and accuracy.				
4.	Persists when difficulty arises.				
BEHAVIORAL APPLICATION					
1.	Extent of improvement in their performance at work.				
2.	Demonstrates openness to new ideas and procedures.				
3.	Adapts to changing circumstances.				
4.	Observe protocol and etiquette and professional ethics.				
Other Metrics, if needed					

Name and Signature of Supervisor: _____

Date of Evaluation: _____