Training Attendance Sheet

Training Attendance Sheet

Training Topic: _____

Date: _____

Time: _____ to _____

Trainer/Instructor: _____

Location: _____

Duration: _____ hours

Attendance Record

Employee Name	Employee ID	Department/Position	Signature	Time In	Time Out	Remarks

Post-Training Feedback

1. Was the training content relevant to your job role?
[ ] Yes
[ ] Somewhat
[ ] No

2. How would you rate the effectiveness of the trainer/instructor?
[ ] Excellent
[ ] Good
[ ] Average
[ ] Below Average
[ ] Poor

3. What did you find most useful from this training?

_____
_____

4. Any areas for improvement or topics you'd like to be covered in future sessions?

_____
_____