

Employee Training Feedback

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee ID: [Insert Employee ID]

Department: [Insert Department]

Training Program Details

Training Program Name: [Insert Training Program Name]

Trainer's Name: [Insert Trainer's Name]

Assessment

1. Overall Performance: [Insert Feedback]
2. Key Strengths: [Insert Strengths]
3. Areas for Improvement: [Insert Areas for Improvement]

Additional Comments

[Insert any additional comments or suggestions]

Manager's Name: [Insert Manager Name]

Manager's Signature: _____