

TRAINING EVALUATION FORM

Course Name:

Date Attended:

Attendee's Name:

1. This training ___ was / ___ was not suited to my job and objectives because:

2. I can apply the training materials and coursework to my job in the following ways:

3. I ___ would / ___ would not recommend this training to others because:

4. The training that I received, or a part thereof, should be passed on to others and could be achieved in the following way:

5. I believe that the following suggestions from the course could be implemented at Sumner Police Department:
(Please note any procedure/policy modifications that would need to be accomplished in order to facilitate the implementation of the suggestion.)

6. I found the following extracurricular (networking) activities to be beneficial:

Supervisor's Initial _____
Training Evaluation Page 1