



## Trainer Observation & Evaluation Form

Owner / Department: HRD - Training & Org. Dev't.

Course Name		Date/s	
Trainer Name		Training Location	
Trainer Emp. No.			

Evaluation Summary		
Rating	Rate Level	Overall Percentage

Evaluation Result

Rate & Rate Level Legends:					
4.6 to 5.0	Excellent	3.1 to 4.0	Good	0 to 2.0	Poor
4.1 to 4.5	Very Good	2.1 to 3.0	Average		

### Evaluation Criteria

#### Presentation Skills

	N/A	Poor	Average	Good	Very Good	Excellent
• Displays professional physical appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Outlines objectives at the beginning of course/module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Avoids distracting mannerisms (e.g. unprofessional body movements / position, hand movements, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Used handouts, books or reference materials appropriately (whenever applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provides clear explanation of topics and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presents materials/topics in a thorough and orderly manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presents materials/topics in an organized & easy to understand way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Paces course to cover all topics in objectives (not too slow or during discussions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Gives examples to make participants relate to topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reinforces key points during and at the end of the presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Summarizes and reviews key information at the end of each module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Additional Feedback / Comments for Criteria




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Additional Feedback / Comments for Criteria

Facilitator Areas of Strength

Facilitator Areas of Improvement

Other Comments and Suggestions

*\* By completing and signing this form, the undersigned validates the Facilitator/Trainer's competence (if successful), regarding the specific course evaluated.*

*\*\* Achieving a 'Successful' evaluation result, would also signify the Evaluator's confirmation, that the Training Materials are relevant and updated. Any missing or additional information/details about the course, should be clearly mentioned in the comment boxes.*

Evaluator Name		Employee No.	
Position		Department	
Signature			