

[organization name]

Appendix 2 – Training Record

Training Name:											Date:							
Training Objectives:											Training Objectives:							
Name of Training	Test Results:		Performance Indicators															
	Passed	Failed	3 months				6 months				12 months							
			NI	I	SI	Significant Improvement	NI	I	SI	Significant Improvement	NI	I	SI	Significant Improvement				
Total:																		
Performance %:																		

Commented [45A1]: Adapt to needs of the organization and the type of the training performed.

Legend:

- NI - "Not Improved" - Trainee passed the final test
- I - "Improved" - Trainee failed the test
- SI - "Significant Improvement" - Trainee failed the test
- Significant Improvement - Trainee had shown improvement in areas covered by training
- Improved - Trainee had shown improvement in areas covered by training
- Not Improved - Trainee had shown significant improvement in areas covered by training

[organization name]

[job title]

[name]

[signature]

Commented [45A2]: The signature is needed only if the document is in paper form.