

[organization name]

## Appendix 2 – Training Record

Training Name:												Date:					
Training Objectives:												Training Objectives:					
Name of Trainee	Test Results:		Performance Indicators														
	Pre-test	Post-test	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 test but
- 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]

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[job title]

[name]

[signature]

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