

FORM 'A'

BHART DYNAMICS LIMITED
INSTITUTE OF SYSTEMS TECHNOLOGY AND MANAGEMENT
"TERMINAL TRAINING EVALUATION REPORT"

NAME OF THE PROGRAMME
DURATION OF THE PROGRAMME
DATE OF EVALUATION

Indicate your reactions to the following aspects of the Training marking (V) in the appropriate box which you feel is the the right ranking. Your reply must be objective, frank and without any prejudice. The feedback may be used to refine future training programmes.

- | | | | | |
|---|--|-----------------------------------|------------------|--|
| 1 | How would you rate over all performance of the training programme as learning experience? | EXCELLENT
GOOD
FAIR
POOR | 1
2
3
4 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 2 | How would you rate the performance of the Guest speaker? | EXCELLENT
GOOD
FAIR
POOR | 1
2
3
4 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 3 | How far did you achieve your learning objectives from the training programme? | EXCELLENT
GOOD
FAIR
POOR | 1
2
3
4 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 4 | How was the training programme conducted ? | EXCELLENT
GOOD
FAIR
POOR | 1
2
3
4 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
| 5 | How would you rate the use of traning techniques in facilitating learning in terms of the mix of participative and non-participative techniques? | EXCELLENT
GOOD
FAIR
POOR | 1
2
3
4 | <input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |

Contd..



- 2 -

- 6 To what extent did you find the training programme relevant to your job performance?
- | | | |
|------------------------|---|--|
| HIGHLY RELEVANT | 1 | |
| SUBSTANTIALLY RELEVANT | 2 | |
| FAIRLY RELEVANT | 3 | |
| NOT-RELEVANT | 4 | |
- 7 How was the use of Audio-visual Aids?
- | | | |
|-----------|---|--|
| EXCELLENT | 1 | |
| GOOD | 2 | |
| FAIR | 3 | |
| POOR | 4 | |
- 8 How was the lunch arrangements?
- | | | |
|-----------|---|--|
| EXCELLENT | 1 | |
| GOOD | 2 | |
| FAIR | 3 | |
| POOR | 4 | |
- 9 How are the physical facilities in the training hall?
- | | | |
|-----------|---|--|
| EXCELLENT | 1 | |
| GOOD | 2 | |
| FAIR | 3 | |
| POOR | 4 | |
- 10 Give any other comments not covered above and your suggestions :
- a)
- b)
- c)

Signature of the participant
(OPTIONAL)

* Please write your Division.



GLIMPSE OF TRAINING MODULE

AGE 21 SPECIALIST PHASE		TRANSITION PHASE	GENERALIST PHASE	AGE 58	
AGE 21-28	AGE 28-35	AGE 35-43	AGE 42-49	AGE 49-58	
FOUNDA - TION	ENLARGE - MENT	DE-SPECILISA - TION OR RE - SPECILISATION	GENERAL MGT OR DEEP-SPECIA - LISATION	STRATEGIC MGT OR EXPERT	
STAGE - I	STAGE - II	STAGE -III	STAGE -IV	STAGE - V	
				AM	
				ID	RE
			GM AM PG		
			MS RE ID		
		MD GM PG			
		ID RE MS			
		FU MD PG			
		RE MS ID			
FO	FU				
FE	MS				



FORM B

POST TRAINING EVALUATION

PROGRAMME TITLE

NAME OF THE EMPLOYEE

STAFF No.

Design.

Deptt.

(put a cross (x) against the appropriate box)

1 After the above training programme, the on-the-job performance of the employee mentioned above, has shown	a) Significant improvement	
	b) Slight improvement only	
	c) No change at all	
2 Presumably, after the above training, in disposing of the cases, and while discharging his duties, the employees	a) does not need any guidance	
	b) need occasional guidance only	
	c) continues to function as before	
3 The attitude of the employee towards the work & the people around him shows	a) marked change for the better	
	b) only marginal change	
	c) no change than earlier	

