

Learning Assessment	
Name	Date
Course Details	
How long have you been in the organization?	
What is your role in the organization?	
What is the overall state of training in the organization?	
a) Excellent _____ b) Fair _____	
c) Poor _____ d) None _____	
Is there any specific training that you would like the organization to undertake?	
Do you agree or disagree that you think you lack the skills that the organization might have in employees?	
a) Yes _____ b) No _____	
If Yes, Please provide your comments	
How would you rate the training experience (if ever) among 1-5?	
Do you think that the training is both well-timed and well-kept in your work?	
a) Yes _____ b) No _____	
If No, What are the reasons?	

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