

GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

Public Service Academy

Technical Cooperation Unit

EVALUATION QUESTIONNAIRE

Participant Name:

Ministry/Agency:

PROGRAMME ENTITLED:

SPONSORING COUNTRY: FROM:

TO:

CONDUCTED BY:

Participant's signature:	Date Submitted:	

(1) <u>Summary of Course content</u> (Objectives, methodology, outcomes)

(2) Participant's reaction

(Summarize your view of the training contents, delivery and any issues arising from the training)

(3) Learning

(Summarize how the performance of your duties on the job has changed/improved as a result of this training)

(4) Additional information and comments

(5) Job Impact

(a) Summarize how the knowledge and skills acquired were used in the Ministry/Agency

(b) Give details of how the knowledge and skills gained were applied to a specific project/programme

(6) <u>Ministry/Agency Impact</u>

Summarize any change in processes etc. in your Ministry/Agency that can be attributed to applying learnings from the training.

<u>(7)</u>	7) Additional information/comments					
(8) <u>Conclusion and Recommendations</u> Given your learnings as a result of this training, what is your view on Trinidad and Tobago's continued participation in the programme?						
(9) <u>Supervisor's Comments</u> Summarize observations on the training's impact on the officer's performance at work						
NAM	Ē	SIGNATURE	POSITION	DATE		
(10) <u>Permanent Secretary's Comments</u> Summarize observations on the training's impact on the officer, the Division and the Ministry						
]	NAME	SIGNAT	URE	DATE		