



CARCAR WATER DISTRICT
San Vicente St., Pob. I, Carcar City, Cebu

LIST OF PERSONNEL WHO UNDERWENT TRAINING/SEMINARS

For CY _____

Month	No.	NAME OF EMPLOYEE	TRAININGS/SEMINAR	Venue	DATE

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CARCAR WATER DISTRICT

TRAINING NEEDS ANALYSIS

Year: _____

Control No.: _____

PERSONNEL AND JOB INFORMATION			
Name: _____		Department: _____	
Position: _____	Date Hired: _____	No. of Years/Mos in Position: _____	
Job Function Summary: _____			

***Legend:** *Priority:* UN – Urgently Needed; LN – Lightly Needed; NN – Not Needed
Competence Level: NB – No Basic Knowledge; NLD – Needs Lot of Development; NSD – Need Some Development; WD – Well Developed

ANALYSIS					
Competency	Priority (UN / LN / NN)	Competence Level			
		NB	NLD	NSD	WD
I. Knowledge					
1.					
2.					
3.					
4.					
5.					
II. Skills (technical and soft)					
1.					
2.					
3.					
4.					
5.					
III. Attitude (behavioral)					
1.					
2.					
3.					
4.					
5.					

Additional Comments / Remarks:

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<p>Conducted by</p> <p>_____</p> <p style="text-align: center;">Name & Signature</p> <p>Date: _____</p>	<p>Reviewed by</p> <p>_____</p> <p style="text-align: center;">Department Head</p> <p>Date: _____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">HR Head</p> <p>Date: _____</p>
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CARCAR WATER DISTRICT

ANNUAL TRAINING PLAN

Year :

Prepared by:

#	TRAINING TITLE	REQUIRED ATTENDEES	SCHEDULE												REMARKS	
				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV		DEC
			PLAN													
			ACTUAL													
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			ACTUAL													
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			ACTUAL													

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CARCAR WATER DISTRICT

TRAINING SCHEDULE

Training Program Title :

Attendee(s) List:

Prepared by:

Names	

Training In-Charge / Head

Approved by:

Management Representative

#	TRAINING TOPICS	TRAINER			TRAINER SIGNATURE
			DATE	TIME	

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TRAINING RECORD

ID No. :	Position :	Page of
Name :	Group / Area:	

#	TRAINING / AWARENESS TITLE	TRAINER	TRAINING DATE(S)	CERTIFICATE? (Y/N)	REMARKS

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TRAINING EFFECTIVENESS EVALUATION

Training Title :	Training Date(s) :
Trainee :	Trainer :
Objective of Training:	

5 - Much better | 4 - Little better | 3 - The same | 2 - Little Worse | 1 - Much Worse

#	CRITERIA	COMMENTS / REMARKS	IMPROVEMENT RATING				
			5	4	3	2	1
Trainee's Evaluation (to be conducted right after the training)							
1.	Did the course enhance your knowledge / skill? Give specific examples of knowledge or skill:						
2.	To what extent have you been able to apply the knowledge / skills gained from this course?						
3.	Did this course have aspects which proved to be of most value to you in your work? Please specify:						
4.	Did this course help you in improving your process or the way you handle your tasks? Give specific example of improved results:						
5.	Do you feel that the objectives were met?						
6.	Are there any aspects of the course that you now feel should have been handled differently?						
Immediate Superior's Evaluation			Planned Date Of Evaluation: 30 days/ 60 days / 90 days				
1.	Did the course enhance your staff's knowledge / skill? Give specific examples of knowledge or skill:						
2.	To what extent has your staff been able to apply the knowledge / skills gained from this course?						
3.	Did this course have aspects which proved to be of most value to the work of your staff? Please specify:						
4.	Did this course help you in improving your process or the way you handle your tasks? Give specific example of improved results:						
5.	Do you feel that the objectives were met?						
6.	Are there any aspects of the course that you now feel should have been handled differently?						

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Done by: _____

Trainee's Signature / Date
Superior's Name & Signature / Date

Trainee's Rating	
Superior's Rating	
Overall Rating	

Action Items (if any):