

TRAINING EVALUATION

1. Name (Last, First, MI)	2. Telephone Number	3. Course Title			
4. Course Objectives					
5. Was Course Completed? (Explain in Section 15) <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Were all session attended? (If not, explain in Section 15) <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Actual Course Hours Duty _____ Non-duty _____	8. Course Start Date (DD MMM YYYY)	9. Course End Date (DD MMM YYYY)	10. Academic Grade / Score
11. Comments on strong points of course					
12. Comments on weak points of course					
13. What were your objectives in taking this course? Where they met?					
14. Do you recommend this program for others? If so, whom?					
15. Additional Comments					
16. Signature of Trainee	17. Date Signed (DD MMM YYYY)	18. Signature of Supervisor	19. Date Signed (DD MMM YYYY)		
TRAINING OFFICE USE ONLY					
A. BUMED CODE	B. STANDARD DOCUMENT NUMBER	C. OTHER INFORMATION			