


TRAINING PROGRAM CHECKLIST

Name of the Training Program			
Outline Why the Training is Required (i.e. does it address employees' identified training need):			
Training Needs Analysis	Yes	No	N/A



SAMPLE

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Comments			
Has the training program been approved by the relevant regulatory body?	Yes	No	N/A
Program Content			
Does the training program address the relevant regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program allow to spot other relevant problems or needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program address the organization's needs and specific requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program provide for practice or assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program provide group participation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the program have an assessment component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments			
Responsible Qualification	Yes	No	N/A

Does the trainer have a training qualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the trainer have theoretical experience with the topic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the trainer have practical experience in applying the training principles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



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Post-Training Feedback	Yes	No	N/A
Have you sufficiently provided feedback on the training course and trainer's delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the training met your needs (e.g. do individual trainers provide feedback)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any improvements or suggestions needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Review and Evaluate	Yes	No	N/A
Has feedback been provided to the trainer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the training program been updated to address feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Should the course be held again? Why/Why not (provide in the comments section).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Name:		Position:	
Signature:		Date:	