EMPLOYEE EVALUATION OF UPWARD MOBILITY TRAINING PROGRAM

☐ UPWARD MOBILITY ☐ CAREER LADDER ☐ VRA ☐ SECURITY ☐ OTHER (Specify) _____

NAME	SUPERVISOR

DEPARTMENT	DIVISION	SECTION (CODE)

REPORTING PERIOD AS REQUIRED BY PROGRAM: From: To:

DO YOU FEEL THE TRAINING PROGRAM IS ACCOMPLISHING ITS OBJECTIVES AS THEY WERE STATED TO YOU? ☐ YES ☐ NO

DO YOU FEEL YOUR ASSIGNMENTS ARE INCREASING YOUR TECHNICAL KNOWLEDGE? ☐ YES ☐ NO

LIST ON-THE-JOB TRAINING COMPLETED.

DESCRIBE BRIEFLY ALL CLASSROOM TRAINING, CORRESPONDENCE COURSES, ETC., COMPLETED AS INDICATED IN YOUR ORIGINAL TRAINING AGREEMENT.

IN WHAT AREAS DO YOU FEEL YOU NEED FURTHER TRAINING?

ADDITIONAL REMARKS

SIGNATURES	DATE
EMPLOYEE	
SUPERVISOR	
EMPLOYEE DEVELOPMENT SPECIALIST	

NETPDTC 12410/27 (04/02)

RESET

EMAIL TO: