

## Out-Service Training Report

(For credited course work, seminars, or other training sessions that are not sponsored by Hope Enterprises, Inc.)

**SECTION A ....**                      **Out-Service Training Code** (OUT if not Human Service) \_\_\_\_\_

Name \_\_\_\_\_ Date(s) of Training \_\_\_\_\_

Title \_\_\_\_\_ Number of Hours in Training \_\_\_\_\_

Employee ID Number \_\_\_\_\_ CEU Credits \_\_\_\_\_

Program \_\_\_\_\_

- Attach a copy of the flyer **or** complete Section B.
- Attach a copy of materials from the training.

### SECTION B...

Title of Session \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Presenter's Name and Qualifications \_\_\_\_\_

Content:

### SECTION C... (Evaluation):

Please rate the session on the following factors:

	<b>Very Well</b>	<b>Well</b>	<b>Somewhat</b>	<b>Poor</b>	<b>Very Poor</b>
1. Organization of presentation	A	B	C	D	E
2. Relevancy of information	A	B	C	D	E
3. Presenter's ability	A	B	C	D	E

Would you recommend this training to others and why?

### SECTION D... Route for signatures:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee's Signature  
 Supervisor's Signature  
 Director's Signature  
 President/Vice President's Signature  
 Trainer for Coding