TRAINING NEED ASSEMENT

Employees' Name :

Evaluation period :

No	Required competency (skill / knowledge)	Present Ability			Training Need		Proposed Training (if any)
		L	M	H	YES	NO	

Evaluated By : _____   Evaluation Date : _____

(_____)

Note:

Present Ability

L = Low (not able to work independently / incompetent)

M = Moderate (improving, acceptable)

H = High (competent, good & perform well)