

TRAINING ASSESSMENT REPORT

Trainer: _____ Date: _____

Name of Trainee: _____ Level: _____

Training Time: _____

Task/Objective:

Completion List – C (Competent) / NC (Not Yet Competent)	
Correct Preparation	Focus on Learning
Model Suitability	Execution of Task
Time Awareness	

General Comments and Outcomes

Signature of Trainer

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