GEORGE C. MARSHALL SPACE FLIGHT CENTER

HUMAN RESOURCES DEVELOPMENT PROGRAMS REPORT OF TRAINING

1. NAME OF EMPLOYEE:	CHECK ONE: ☐ Professional Intern Program ☐ Eng. Technician Apprn. Prog. ☐ Other	2. PERIOD OF TRAINING FROM:	TO:	3. LOCATION (Organization to which assigned during training period):

4. TO HELP YOU GET THE MOST BENEFIT FROM YOUR TRAINING AND TO HELP US EVALUATE THE DEVELOPMENT PROGRAM, PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN THE COMPLETED FORM TO THE PERSONNEL OFFICE, CD20.

a. WHAT WERE YOUR MAJOR DUTIES DURING THE TRAINING PERIOD?

b. DO YOU FEEL THAT THE TRAINING PERIOD WAS OF BENEFIT TO YOU? (Explain answer): ☐ YES ☐ NO

c. WAS THE LENGTH OF THE TRAINING PERIOD SUFFICIENT? ☐ YES ☐ NO

d. WERE YOU PROPERLY SUPERVISED AND INSTRUCTED DURING THE PERIOD? (Explain fully block checked): ☐ YES ☐ NO

e. WAS SPECIFIC TRAINING SEQUENCE PLANNED FOR YOU IN THIS AREA? ☐ YES ☐ NO

f. WHAT SUGGESTIONS COULD YOU MAKE FOR IMPROVEMENT IN THIS PHASE OF THE PROGRAM?

g. WHAT IS YOUR OVERALL EVALUATION OF THIS PHASE OF YOUR PROGRAM?

☐ OUTSTANDING EXPLAIN:

☐ ABOVE AVERAGE

☐ AVERAGE

☐ MEDIOCRE

☐ POOR

h. DO YOU FEEL THAT YOU WOULD LIKE TO SPECIALIZE IN THE TYPE OF WORK WHICH YOU OBSERVED AND PARTICIPATED IN DURING THE LAST WORK PERIOD? (Please explain):

i. COMMENTS (Use this space to provide any other pertinent comments):