

Team Member Name:

Name of Class:

Instructor Name:

Location of Class:

AIDT Coordinator:

## How satisfied are you with:

## **Off-site Training Evaluation** & Receipt Form

Badge #:

Course Code:

Date of Class:

Today's Date:

The course content as it applies to your job?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
How well the course objectives were met?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The overall usefulness of the training?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The instructor's ability?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The classroom facility/environment?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied

COMMENTS:

By **submitting** this form I verify that I, the Team Member above, have attended the class listed above.

Open in Adobe Acrobat Reader for submit button to work.

AIDT USE ONLY			
Purchase Request #			
Purchase Order #			
Vendor's Name			
AIDT signature	Date		

AIDT Use Only				
PeopleSoft Initial/Date	PeopleSoft Session #			

If printed, fax to: 205-507-2299



By signing this form, AIDT verifies that training has been completed and authorizes approval for payment.