Training Record Form

1. Course title: ________________________________________________________________

2. Trainer(s)/title: _____________________________________________________________

3. Sponsoring organization: _______________________________________________________
   Contact person: ________________________ (phone) (___)______________________

4. Department/Group/Employees being trained: _______________________________________
   Contact person: ________________________ (phone) (___)______________________

5. Date and times: _______________________________________________________________

6. Location of training: ___________________________________________________________

7. Type of training:
   First time: _______ Refresher: _______ New employee: _______ Other: _______

8. Required for new employees: Yes____ No____

9. Refresher training required: Yes____ No_____ Frequency____

10. Number of people trained on this subject: __________________

11. Training materials used: _______________________________________________________
    (Please attach a copy of sign-in sheets, handouts, outlines, overheads, and evaluation procedures used)

12. Evaluation procedures: Quiz:_____ Demonstration:____. Other:____

13. Instructor qualifications: ______________________________________________________

14. Additional information: _______________________________________________________

Please forward this form and attachments to:

Training Coordinator
Indiana University – Bloomington
1514 E. 3rd Street
Bloomington, IN 47401

Departmental use only
Date Entered:__________