



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: _____**