**APPENDIX 4 – LEARNER/EMPLOYEE TRAINING FEEDBACK FORM (2-6 MONTHS POST TRAINING)**

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| --- | --- | --- |
| Name of Organization | Type of Document: Form Department: Laboratory | Date: Version: |
| Document Number: | Title: Learner/Employee Training Feedback, 2-6 months post-training | Authorized: |

**1.0 Training Module:** ABO group & Rh type testing **Training Date(s):** YYYY-MM-DD

2.0 Name of Trainee: Date:

3.0 Name of Trainer(s):

4.0 Training Feedback: 2-6 months post training

**Reviewer’s Comments and Conclusions**

**Additional Comments**

What did you find particularly helpful about your training?

List any recommendations you have for this training module (additions or anything to remove)?

Any other feedback or comments?

|  |
| --- |
| ***Please rate your training with a ‘√’ in the appropriate box. Extra feedback is most welcome.*** |
| **FEEDBACK CRITERIA** | **Poor Good Excellent** | **COMMENTS** |
| **1** | **2** | **3** | **4** | **5** |
| 1. This training module above has helped me to effectively do my job |  |  |  |  |  |  |
| 3. The training module assessments reflected what I needed to know |  |  |  |  |  |  |
| 4. The SOPs and policies are good resources to remind me of what is required |  |  |  |  |  |  |
| 5. I felt supported after my training to ask questions |  |  |  |  |  |  |

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