



# Human Resource Services

## Administrator Evaluation

### of Employee District Training

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Administrator Name	Location	Phone	Date
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The employee listed below was referred by you for district Service, Training, Answers, Reliable Resources (STARR) Team training, which has been completed. Please evaluate below if the STARR Team training enhanced the performance of the employee's job duties.

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Employee Name	Location	Phone
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#### Referring Administrator

Please evaluate if the training was successful for the employee to perform assigned duties.

	Successful	Not Successful
	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated that the training was Not Successful, please list below specifically which STARR Team training topic(s) needs to be revisited to ensure the employee's success.

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Additional Comments:

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**→ Return completed form to: Human Resource Services, Box 770.**  
**Human Resource Services Analyst Name: \_\_\_\_\_**