



SMC TRAINING REPORT

(To be completed by the trainer within 5 days of each training)

Demographics:	
Trainer(s) name: _____	
Type of training: <input type="checkbox"/> State/LGA TOT <input type="checkbox"/> HFW TOT <input type="checkbox"/> CHW Training	
Dates of training: from: _____ to: _____ No. training days: <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Training location: State: _____ LGA: _____ Ward: _____ Settlement : _____ Venue name: _____	
Total number of trainees: _____ Female: _____ Male: _____	
Evaluation of Training :	
Training objectives were met: <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Half	
Training conducted according to the SMC Trainer Guide: <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Half <input type="checkbox"/> Some <input type="checkbox"/> None	
There was sufficient time to complete the training activities each day: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HFW average Pre-Test score: _____% <input type="checkbox"/> NA	
HFW average Post-Test score: _____% <input type="checkbox"/> NA	
Average percent improvement between Pre- and Post-Test scores: _____% <input type="checkbox"/> NA	
Training Evaluation Form statements (1-12) with a score of 3 or lower (neutral, disagree, strongly disagree):	
Statement no.: _____ How many: _____	Statement no.: _____ How many: _____
Statement no.: _____ How many: _____	Statement no.: _____ How many: _____
Challenges encountered during the training: (<i>training materials, finances, transport, etc.</i>) _____ _____	
Recommendations for future Trainings: _____ _____	
Documentation:	
Copy of Test Scoring Sheet and Attendance Register attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Trainer completing the report: _____	
Date of SMC Training Report: _____	