

# OUTSIDE TRAINING VERIFICATION

I, (Name - First Last): \_\_\_\_\_ PID #: \_\_\_\_\_

certify that I have successfully completed (Course): \_\_\_\_\_

at (Location): \_\_\_\_\_. The course certificate confirms the course is \_\_\_\_\_ hours in length.

I have attached the following documents for inclusion in the training files as required by TCOLE rules:

1. Lesson Plan

**OR** :

2. Certificate of course completion with **both** of the following shown on the certificate:

date(s) of the course **AND**  hour(s) of the course

**AND**:

3. Course review and evaluation of the instructor

4. A written assessment of how this training is applicable to my assigned duties: \_\_\_\_\_

5. Number of persons from this agency attending this training course, including myself as one \_\_\_\_\_

6. Outline of the course, if available. (Use printed screenshots showing course objectives/outline for course advertising on the web and for online training. Include any applicable web site addresses.)

7. Copies of any available handouts plus hard copy and/or digital training materials provided if available

**As the person filling out and submitting this document and its attachments, I certify that the contents of this official document are true and correct.**

\_\_\_\_\_

**Trainee Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**

**As training coordinator accepting this document and all applicable attachments, I certify that this official document has been reviewed for accuracy and completeness in accordance with TCOLE guidelines.**

\_\_\_\_\_

**Coordinator Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**

This form should be attached to the certificate of completion and kept on file readily accessible for inspection for a minimum period of five (5) years after completion of the course and submission of training roster.

Submittal of the document to the training coordinator does not guarantee training credit will be submitted to TCOLE. The agency may establish alternate submittal standards or requirements.

# Outside Training Verification -- Critique/Evaluation

Course Title: \_\_\_\_\_ Course Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor(s) Name(s) (If online provide web address): \_\_\_\_\_.

## Course

		Excellent	Good	Average	Fair	Poor	N/A
1.	Content was relevant to my personal/professional goals/job	5	4	3	2	1	
2.	Workshop objectives were clearly stated	5	4	3	2	1	
3.	Objectives stated were met	5	4	3	2	1	
4.	Material was well organized	5	4	3	2	1	
5.	Training materials contributed significantly to understanding	5	4	3	2	1	
6.	Overall rating of the course	5	4	3	2	1	

## Instructor (If online course, check N/A)

		Excellent	Good	Average	Fair	Poor	N/A
1.	Promoted an environment of learning	5	4	3	2	1	
2.	Demonstrated content knowledge	5	4	3	2	1	
3.	Provided an opportunity to ask questions	5	4	3	2	1	
4.	Responded well to questions	5	4	3	2	1	
5.	Promoted participant discussion and involvement	5	4	3	2	1	
6.	Clearly communicated information and instructions	5	4	3	2	1	
7.	Maintained class focus on course content	5	4	3	2	1	
8.	Used audio visual equipment effectively	5	4	3	2	1	
9.	Overall rating for the instructor	5	4	3	2	1	

As the person filling out and submitting this document and its attachments, I certify that the contents of this official document are true and correct.

\_\_\_\_\_  
Trainee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

As training coordinator accepting this document and all applicable attachments, I certify that this official document has been reviewed for accuracy and completeness in accordance with TCOLE guidelines.

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

