



Mercedes-Benz

# Off-site Training Evaluation & Receipt Form

Team Member Name:

Badge #:

Name of Class:

Course Code:

Instructor Name:

Date of Class:

Location of Class:

Today's Date:

AIDT Coordinator:

## How satisfied are you with:

The course content as it applies to your job?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
How well the course objectives were met?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The overall usefulness of the training?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The instructor's ability?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The classroom facility/environment?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied

### COMMENTS:

By **submitting** this form I verify that I, the Team Member above, have attended the class listed above.

Open in **Adobe Acrobat Reader** for buttons to work.

### AIDT USE ONLY

Purchase Request # \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Vendor's Name \_\_\_\_\_

\_\_\_\_\_  
AIDT signature Date

By signing this form, AIDT verifies that training has been completed and authorizes approval for payment.

### AIDT Use Only

PeopleSoft Initial/Date	PeopleSoft Session #

Open in **Adobe Acrobat Reader** for buttons to work.

If printed, fax to: 205-507-2299

