



Employee Continuing Education Form
Provide form to your supervisor before training*
Complete final question after training

*Name _____

*Department _____

*Date of Training _____ Where _____ # of hours _____

*Provided by _____

*Title and Short Description:

*How is this training applicable to my job responsibilities?

After training - How will I use this training?

Create a SMART goal (**S**pecific, **M**easurable, **A**ttainable, **R**ealistic, **T**imely)

Be prepared to share your learning at the next All Staff Meeting

Date:

