

Smart Grid Employee Training Assessment Form

Employee Information

Employee Name

Employee ID

Department

Email

Training Title

Date of Training

Assessment Criteria

Criteria	Excellent	Good	Average	Poor
Understanding of Smart Grid Concepts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem-Solving Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork & Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments

Assessor Information

Assessor Name

Assessor Signature

Date