

USW Tony Mazzocchi Center: Final Proficiency Assessment

Course Name: _____

Trainee Name: _____

Trainee ID Number: _____

* The trainee ID number is the first letter of the trainee's first name, the first three letters of the trainee's last name, and the two-digit month and two-digit day of the trainee's birth date. For example, if the trainee's name is John Smith and he was born on June 10, the ID would be: jsmi-0610.

Trainer/Facilitator Name: _____

The activities presented in this training are designed to allow facilitator(s) to assess participants' comprehension of the course material through observation of demonstrable knowledge. The facilitator(s) attest that I/we provided the necessary tools to participants to enable proficiency of the subject matter, demonstrated through the completion of the activities.

Activity Number	Activity Title	Trainee's Initials
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This form is continued on the following page.

To be completed by the **trainee**:

I, the trainee, agree that I completed the training.

Trainee signature: _____ Date: _____

I, the trainee, agree that the trainers effectively facilitated the training.

Trainee signature: _____ Date: _____

To be completed by the **trainer/facilitator**:

I, a member of the team of trainers, confirm that the trainee completed _____ hours of the training.

Trainer signature: _____ Date: _____

I, a member of the team of trainers, agree that our team effectively facilitated the training.

Trainer signature: _____ Date: _____