

Upward Mobility Program

Trainee Self-Evaluation Report

U.S. Department of Housing
and Urban Development
Office of Administration

Name (First, Last)

Position Title, Series and Grade

Office Name and Location

Reporting Period

From: _____ To: _____

List assignment(s) or project(s) undertaken this reporting period:

1. Do you feel the training program is accomplishing its objectives, as they were stated to you? Explain:

2. Please describe briefly all classroom training, correspondence courses, seminars or meetings which you have attended during this period.

3. Do you feel your assignments are increasing your technical knowledge? Explain:

4. In what areas do you feel you need further training?

5. Comments (include any weaknesses and/or improvements needed and any other relative concerns).

Signature

Date