



Department Training After Action Report

Date of Training: _____ District: _____ Post: _____

Trainer's name: _____

Curriculum(s) used: _____

Post(s) present: _____

District/Department Officers present: _____

Number of critiques enclosed: _____ (*These are to be mailed with the report.*)

Primary concerns of attendees: _____

Must be mailed to Department within 3 days of training session by USPS.



Training Critique

Training Date: _____

Post #: _____

What topic(s) were of most value to you? _____

Which topic(s) were of least value to you? _____

How could training be improved, or an additional topic(s) you would like discussed? _____

Did your facilitator present the topic(s) in a clear and understandable format? Yes No

Would you attend another training session? Yes No

Would you recommend this training to others at your post? Yes No

If not, why? _____

Any additional feedback? _____

(Please make copies for attendees)