



**F-622-001**  
**Action Plan for Training-Form**

Name: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Training or Action Planned	Date Scheduled	Completed Initial/ Date	Effectiveness Evaluation
		Trainer: _____ Trainee: _____	Plan:  Effective: yes no Date: _____ Supervisor: _____
		Trainer: _____ Trainee: _____	Plan:  Effective: yes no Date: _____ Supervisor: _____
		Trainer: _____ Trainee: _____	Plan:  Effective: yes no Date: _____ Supervisor: _____
		Trainer: _____ Trainee: _____	Plan:  Effective: yes no Date: _____ Supervisor: _____