Knowledge/Skills and Training Inventory

Name: _____ Supervisor: _____

Please rate your ability in the areas below using the following scale:

1 = Not confident at all/ I have little to no experience and need substantial direction/oversight

2 = Somewhat confident/ I have some experience but still need guidance/help

3 = Confident/ I have a good amount experience in this area; I am mostly able to work independently

4 = Very confident doing this task/ I could be a designated resource/trainer of staff in this area

Knowledge/Skill:	**Self Rating:**
Manager should fill in this component and then give to his/her staff. The goal should be to include a wide variety of functions performed by staff in the unit (both routine and non-routine)	

SPB Training Courses for (Insert Classification(s):	**Yes/No?**
I have taken SPB's Training on….	
I have taken SPB's Training on….	
I have taken SPB's Training on….	

Please list other trainings taken that are relevant to your classification:

_____

_____

_____

_____

CLEAR PRINT