**Title of Training Date(s) of Training**

*We would like to conduct an evaluation of the (Title of Training) presented, facilitation, program design, and time management. All feedback received will be kept confidential and for evaluation purposes only. Your kind participation in this activity is highly appreciated. After completing this evaluation form, a copy of your Certificate of Attendance will be provided.*



1. **Profile**

|  |  |
| --- | --- |
| **Sex** | * Male ☐ Female
 |
| **Category** | * Admin ☐ Faculty ☐ REPS ☐ Student
 |
| **Status of Employment** | * Permanent ☐ Temporary ☐ Contractual ☐ JO
 |
| **Age Bracket** | ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61 and above |
| **College/Office/Unit** |  |
| **Position** |  |
| **Please specify if you are any of the following:** | ☐Senior Citizen ☐Person with disability (PWD) ☐ Not Applicable (N/A) |
| **Venue of Training:** |  |

1. **Training Evaluation**

*Instructions:*

Kindly rate and check the box that best corresponds to your answer to the below questions according to the following scale:

1. – Excellent 3 – Good 2 – Fair 1 – Poor
2. **Design**

|  | **1****Poor** | **2****Fair** | **3****Good** | **4****Excellent** |
| --- | --- | --- | --- | --- |
| Sequence of Content |  |  |  |  |
| Relevance of Content |  |  |  |  |
| Clarity of Workshop Objectives |  |  |  |  |
| Usefulness of the Topic to the Current Situation |  |  |  |  |

1. **Facilitation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1****Poor** | **2****Fair** | **3****Good** | **4****Excellent** |
| Time Management |  |  |  |  |
| Professional Conduct |  |  |  |  |
| Assistance to Participants |  |  |  |  |
| Appropriateness of Learning Methodologies |  |  |  |  |

1. **Resource Person: \_(Name of Resource Person)\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **1****Poor** | **2****Fair** | **3****Good** | **4****Excellent** |
| Knowledge to the Topic |  |  |  |  |
| Presentation Skills |  |  |  |  |
| Content of the Presentation |  |  |  |  |
| Professional Conduct |  |  |  |  |
| Scope & Depth of the Presentation |  |  |  |  |

1. **How was your overall experience?**

|  |  |  |  |
| --- | --- | --- | --- |
| **1****Poor** | **2****Fair** | **3****Good** | **4****Excellent** |
|  |  |  |  |

1. **Your level of knowledge/skills/attitude on the content of the training:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Adequate** | **Somewhat Adequate** | **Inadequate** | **Poor** | **None** |
| **BEFORE the training** |  |  |  |  |  |
| **AFTER the training** |  |  |  |  |  |

1. **Let us know your comments/suggestions/remarks related to the conducted training:**















***Thank you for your participation in the (TITLE OF TRAINING). Kindly submit the evaluation form to the training staff of the (Office who conducts the seminar).***