



TRAINING EVALUATION FORM

Training Date: 2025-03-17 11:50:00
Training Title: COMPANY ORIENTATION
Facilitator: Rob Sampang

Please complete the evaluation form for todays training session. Kindly tick off your level of agreement with the listed statement below.

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| Please Rate the Following: | | | | |
| FACILITATOR | | | | |
| was well prepared | ✓ | | | |
| encouraged active participation from the group | ✓ | | | |
| knowledge of the subject matter | ✓ | | | |
| ability to explain and illustrate concepts | ✓ | | | |
| PRESENTATION | | | | |
| objectives of the training were clearly defined | ✓ | | | |
| content was organized and easy to follow | ✓ | | | |
| topics covered are relevant | ✓ | | | |
| training will be useful in my work | ✓ | | | |
| TRAINING | | | | |
| objectives of the training was met | ✓ | | | |
| time allotted for the training was sufficient | ✓ | | | |
| venue provided a comfortable setting for learning | ✓ | | | |

What did you like about the training?
- ACTIVITIES

How well this training sessions help you achieve your career goals in the future?
- 10/10

What are the changes you can practice as a result of this training?
- Prevent improper dress codes

What exercises were most effective in helping you understand the subject of this training program? Why?
- COMPLIANCE AND BENEFITS

What aspect of the training could be improved?
- N/A