

TRAINING EVALUATION FORM

Training Date: 2025-03-17 08:00:00

Training Title: Employee Manual & Company Orientation

Facilitator: Robert 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 | V | | | |
| encouraged active participation from the group | V | | | |
| knowledge of the subject matter | V | | | |
| ability to explain and illustrate concepts | V | | | |
| PRESENTATION | | | | |
| objectives of the training were clearly defined | V | | | |
| content was organized and easy to follow | V | | | |
| topics covered are relevant | V | | | |
| training will be useful in my work | V | | | |
| TRAINING | | | | |
| objectives of the training was met | V | | | |
| time allotted for the training was sufficient | V | | | |
| venue provided a comfortable setting for learning | V | | | |

What did you like about the training?

- the moments and knowledge

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

- it will help me well achieving my career goals because of the knowledge that I learned during the traning sessions

What are the changes you can practice as a result of this training?

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

- the ice breakers helped me a lot, because it will wake your whole system

What aspect of the training could be improved?

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