Patient Care Corporation

TRAINING EVALUATION FORM

Training Date: 2025-07-22 11:46:00
Training Title: Employee Manual and 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?

- The presentation and my co-employees

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

- I become more professional.

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

- Always considerate to other people.

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

- Employee Manual since I am more knowledeagable on my benefits.

What aspect of the training could be improved?

- None