



# Patient Care Corporation

## TRAINING EVALUATION FORM

**Training Date:** 2025-09-05 17:07:00  
**Training Title:** Bridging Generations, Fostering Understanding  
**Facilitator:** Ariel Ian Clarito

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

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Please Rate the Following:</b>				
<b>FACILITATOR</b>				
was well prepared		✓		
encouraged active participation from the group			✓	
knowledge of the subject matter		✓		
ability to explain and illustrate concepts		✓		
<b>PRESENTATION</b>				
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	✓			
<b>TRAINING</b>				
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 topics discussed are relevant.

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

- It helped me gain a better understanding on the other generations.

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

- Have more SLEs

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

- Small group sharing

**What aspect of the training could be improved?**

- Call on participants even if they did not volunteer. So that it???'s not always the same people who are sharing.