



TRAINING EVALUATION FORM

Training Date: 2025-12-02 10:53:00
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?
- I liked how interactive the training was. It encouraged participation and allowed us to learn not just from the trainer but also from each other.

How well this training sessions help you achieve your career goals in the future?
- The training gave me clearer direction and confidence. It equipped me with practical tools and insights that I can apply as I work toward my long-term career goals.

What are the changes you can practice as a result of this training?
- I can now apply more structured methods in handling my responsibilities, use the tools introduced during the training, and be more proactive in addressing challenges.

What exercises were most effective in helping you understand the subject of this training program? Why?
- The hands-on activities, especially the real-life scenarios, were the most helpful. They showed how the lessons apply to actual situations, making the training more meaningful

What aspect of the training could be improved?
- None. Everything was exemplary and delivered exceptionally well.