



Patient Care Corporation

TRAINING EVALUATION FORM

Training Date: 2025-12-02 10:54:00
Training Title: Company Orientation
Facilitator: Rob Sampang

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
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 building of relationship and the learnings.

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

- It helps me to build my confidence and knowledge through the course of my career

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

- I think my view towards the company. Because I've learned a lot about the companies history and policies. Also its way on how to handle employees.

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

- The activities Sir Rob prepared for us. And the way he initiate things and how he discussed.

What aspect of the training could be improved?

- None