



# Patient Care Corporation

## TRAINING EVALUATION FORM

**Training Date:** 2026-03-04 12:36:00  
**Training Title:** NUTRITION AND WELLNESS  
**Facilitator:** MS. CECILE

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
<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?**

- LEARNED MORE INFORMATION REGARDING WHAT I EAT

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

- IT WILL HELP IF GET MORE FIT AND HEALTHY

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

- EAT MORE FIBER AND LESS SUGAR

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

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

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