



## TRAINING EVALUATION FORM

**Training Date:** 2026-03-04 12:38:00  
**Training Title:** Eat well, Live Well  
**Facilitator:** NDAP Pampanga

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?

- Meal plans consideration. Reading nutrition fact and interpretation

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

- Will benefit me in my health journey

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

- Be conscious on food and diet wall balance

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

- BMI computation and nutritional fact interpretation

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

- More engaging workshop