



Patient Care Corporation

TRAINING EVALUATION FORM

Training Date: 2026-04-14 08:00:00
Training Title: Employee Manual & 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?

- I appreciate that the orientation took 4 days to finish. I understood more about the company, employee manual, and systems included in PCC.

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

- Very well. I am more confident now to work on the field.

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

- I should be more open whenever I have questions and that I should reach out in times of need.

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

- Quizzes, because it made me realize which I remember and which I need to learn more about.

What aspect of the training could be improved?

- I hope that the next batch of new employees experience what we experienced. I hope that the training stay consistent