



# Patient Care Corporation

## TRAINING EVALUATION FORM

**Training Date:** 2026-04-14 08:00:00  
**Training Title:** Company Orientation  
**Facilitator:** Sir Rob

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	✓			
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	✓			
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	✓			
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?**

- Meeting my batch mates from different districts.

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

- It answers all my questions about my work, the company and my product.

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

- Better understand the rules and policies of the company will definitely guide me.

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

- The exams given.

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

- None.