



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 like the time frame of the topics, because its not overwhelming.

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

- It will help me a lot to be more professional in my career.

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

- Became more mindful how I present myself properly, respectful and professional.

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

- When the speaker acknowledge all my questions.

What aspect of the training could be improved?

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