

## TRAINING EVALUATION FORM

Training Date: 2024-07-10 08:00:00

Training Title: Good Warehousing Practices

Facilitator: Richard M. Rasco

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
Please Rate the Following:				
FACILITATOR				
was well prepared	V			
encouraged active participation from the group		<b>✓</b>		
knowledge of the subject matter	V			
ability to explain and illustrate concepts	V			
PRESENTATION				
objectives of the training were clearly defined	V			
content was organized and easy to follow		<b>✓</b>		
topics covered are relevant	V			
training will be useful in my work	V			
TRAINING				
objectives of the training was met	V			
time allotted for the training was sufficient	V			
venue provided a comfortable setting for learning	V			

#### What did you like about the training?

- What I like about the training is that the facilitator communicates well to us by asking if the topic was clearly discussed.

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

- It helps me align on the right practices on good warehousing and with this it helps me to achieve the good quality products and good customer service.

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

- By following the guidelines of gwp start from receiving the items then to storage to final destination.

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

- By applying it on the daily process in warehousing practices. Because you will see the changes or uimprovement if its apply or doing it on hand.

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

- I think for me it was clearly discussed.