Patient Care Corporation

TRAINING EVALUATION FORM

Training Date: 2024-08-30 11:51:00
Training Title: Company Orientation
Facilitator: Mr. Robert Sampang

Please complete the evaluation form for todays training session. Kindly tick off your level of agreement with the listed statement below.

Please Rate the Following:	Strongly Agree	Agree	Disagree	Strongly Disagree
FACILITATOR				
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	✔			
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	✔			
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	✔			
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?
- Informative
  Well explained
  Knowledgeable

How well this training sessions help you achieve your career goals in the future?
- To be more knowledgeable and being well equiped in doing outr task

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

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

What aspect of the training could be improved?
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