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**EVALUATION FORM FOR TRAININGS/SEMINARS/WORKSHOPS**

Title of training/seminar/workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Participant (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_ Male Age Range: \_\_\_\_21 & below \_\_\_\_22 to 34 \_\_\_\_35 to 44

\_\_\_\_ Female \_\_\_\_45 to 54 \_\_\_\_55 to 64 \_\_\_\_ 65 & above

**Instruction:** Please evaluate the training/seminar/workshop in terms of the items listed below based on the following scale: (1) Highly Dissatisfied; (2) Dissatisfied; (3) Neutral; (4) Satisfied; and (5) Highly Satisfied. If an item is not applicable, please leave it blank. Rest assured that your answers will be kept confidential. Your responses will certainly help the organizers in improving the conduct of future trainings/seminars/workshops.

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|  | **RATING** | | | | |
| **ITEM** | 5 | 4 | 3 | 2 | 1 |
| 1. Relevance of the topic/s covered |  |  |  |  |  |
| 2. Adequacy of information |  |  |  |  |  |
| 3. Competence of the Speaker/s |  |  |  |  |  |
| 4. Usefulness of the training/seminar/workshop |  |  |  |  |  |
| 5. Appropriateness of methods/processes (e.g., lecture,  discussion, workshop etc.)used |  |  |  |  |  |
| 6. Effectiveness of the methods/processes in attaining  training/seminar/workshop objectives |  |  |  |  |  |
| 7. Venue |  |  |  |  |  |
| 8. Food |  |  |  |  |  |
| 9. Accommodation |  |  |  |  |  |
| 10. Overall rating for the whole training/seminar/workshop |  |  |  |  |  |
| 11. Overall rating for the timeliness of the service delivery |  |  |  |  |  |
| 12 . Quality of service of the Training Management team |  |  |  |  |  |
| What is your most significant learning/insight from this training/seminar/workshop?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| What additional training or information do you need? Your response will help the organizers plan for future need-based training/seminar/workshop. | | | | | |
| What are your additional comments or suggestions to further improve the conduct of future trainings/seminars/workshops? | | | | | |

**Thank you very much.**