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**OJT EVALUATION FORM**

**Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course and year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inclusive Date of OJT in the office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is our pleasure to hear from you regarding your OJT experience at the Extension Directorate. Rest assured that your responses will be treated with utmost confidentiality. Please rate the following items according to the scale below:

5- Very satisfactory 2- Undecided

4- Moderately satisfactory 1- Unsatisfactory

3- Satisfactory

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Items** | **5** | **4** | **3** | **2** | **1** |
| 1. Learning Experience |  |  |  |  |  |
| 1. Working Environment |  |  |  |  |  |
| 1. Human Relationship |  |  |  |  |  |
| 1. Resources |  |  |  |  |  |
| 1. General Services Provided |  |  |  |  |  |

Please answer the following:

|  |  |
| --- | --- |
| Give at least three important lessons/skills you learned. | 1. |
|  | 2. |
|  | 3. |
|  | Others: |
| Do you have expectations that we did not meet? Please specify. |  |
| Please give your comments or suggestions on how we can improve the Directorate’s provision of learning experiences to the trainees. |  |

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

Thank you very much.