



Gr. 1.4 Annex 2.2

Republic of the Philippines
METROPOLITAN NAGA WATER DISTRICT
No. 40 J. Miranda Avenue, Naga City

HUMAN RESOURCE DIVISION
POST-TRAINING EVALUATION FORM

Name of the Program: _____

Training Location: _____

Date: _____

INSTRUCTION: Please express your evaluation of the following facets of the course/activity by checking the appropriate column.

- 5 = "Excellent "or the highest, most positive impression
- 4 = "Very Satisfactory (VS)"
- 3 = "Satisfactory (S)" or an adequate impression
- 2 = "Fair"
- 1 = "Poor" or the lowest, most negative impression

Choose N/A if the item is not appropriate or not applicable to this workshop.

Your feedback is sincerely appreciated. Thank you.

	Excellent	VS	S	Fair	Poor	N/A
A. Content of Training						
1. Relevance of Topic	()	()	()	()	()	()
2. Logical flow of Topic	()	()	()	()	()	()
B. Method						
1. Effectiveness of Course	()	()	()	()	()	()
2. Effectiveness of Visual Aid	()	()	()	()	()	()
3. Usefulness of Hand-outs	()	()	()	()	()	()
C. How were the training facilities?	()	()	()	()	()	()
D. How would you rate the food service?	()	()	()	()	()	()
E. How do you rate the abilities and style of Resource Person?	()	()	()	()	()	()
F. How would you rate the overall program?	()	()	()	()	()	()
G. This program met the stated objectives.	()	()	()	()	()	()
H. Other comments and suggestions for future programs?						
