**TRAINING SATISFACTION SURVEY**

Training Course/Seminar Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your feedback is important to us. Kindly answer this short survey to help us improve on our services. Please check the box which corresponds to your response on each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. PERSONAL ASSESSMENT OF KNOWLEDGE/SKILL** | **Highly Substantial** | **Substantial** | **Limited** | **Very Limited** | **None** |
| 1. My knowledge or skill on the topic/s BEFORE participating in this training/seminar |  |  |  |  |  |
| 1. My knowledge or skill on the topic/s AFTER completing this training/seminar |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B. Evaluation** | **Excellent** | **Very**  **Satisfactory** | **Satisfactory** | **Fair** | **Poor** | **Not**  **Applicable** |
| **1. Objectives, Learning Content-** | | | | | | |
| 1. Attainment of the objectives |  |  |  |  |  |  |
| 1. Completeness of the topics |  |  |  |  |  |  |
| 1. Relevance and usefulness of the topics |  |  |  |  |  |  |
| **2. Learning Tools and Materials, Activities** | | | | | | |
| 1. Learning tools and materials used to impart learning |  |  |  |  |  |  |
| 1. Activities conducted to impart learning |  |  |  |  |  |  |
| **3. Resource Person**  **Name:** | | | | | | |
| 1. Mastery of the topics |  |  |  |  |  |  |
| 1. Clarity of discussion |  |  |  |  |  |  |
| 1. Teaching methodologies/strategies used |  |  |  |  |  |  |
| 1. Ability to facilitate discussion and encourage participation |  |  |  |  |  |  |
| **4. Logistics** | | | | | | |
| 1. Venue |  |  |  |  |  |  |
| 1. Equipment used |  |  |  |  |  |  |
| 1. Food |  |  |  |  |  |  |
| **5. Others** | | | | | | |
| 1. Effectiveness of training/seminar in meeting personal objectives |  |  |  |  |  |  |
| 1. Timeliness of delivery |  |  |  |  |  |  |

**C. FUTURE TRAININGS/SEMINARS NEEDED**

Trainings or seminars needed in the future:

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**D. COMMENTS OR SUGGESTIONS**

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Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you!

