

LOCAL GOVERNMENT UNIT - CITY OF SAN FERNANDO, PAMPANGA  
CITY HUMAN RESOURCES MANAGEMENT OFFICE  
TRAINING GENERAL EVALUATION FORM

(FM-CSFP-CHRMO-01)  
Revision No. 05  
Effectivity date: March 1, 2023

<b>Type of Training</b> <i>(To be filled out by CHRMO)</i>	<input type="checkbox"/> <i>Internal Training</i>	<input type="checkbox"/> <i>External Training</i>
<b>Name of Employee</b>		
<b>Title of Training</b>		
<b>Nature of Training</b> <i>(Please check your response)</i>	<input type="checkbox"/> <i>Classroom-based Training</i>	<input type="checkbox"/> <i>Online/Virtual Training</i>
<b>Date/s of Training</b>		
<b>Designation of Participant</b>		
<b>Dept./Office of Participant</b>		
<b>Gender of Participant</b>		
<b>Date Completed</b>		

To help the Learning & Development Section improve similar activity, each participant is requested to rate the training using the rating scale shown below by checking the appropriate number.

**Please rate only the items which apply. Check one rating per item.**

Part I: TRAINING ADMINISTRATION					
NO.	CRITERIA	4 EXCELLENT	3 VERY GOOD	2 FAIR	1 POOR
1	Usefulness and clarity of the audio and/or visual aids				
2	Facilitator's responsiveness to the needs/inquiries of participants				
3	Participants' involvement in the discussions				
4	Effectiveness of training materials to the training e.g.: training handouts, visual aids, etc.				
5	Conduciveness of the training venue (for classroom-based training) / accessibility of the platform used (for online training)				
6	Quality of the food served during the training (for classroom-based training only)				
7	Effectiveness of the workshops (for classroom-based trainings) / breakout sessions (for online trainings) conducted [if applicable]				
8	Duration of the training			Too long: ____ Too short: ____	Too long: ____ Too short: ____
<b>AVERAGE RATING:</b>					

Part II: SUBJECT MATTER EXPERT/S (Pls use additional sheet if necessary)					
NAME:					
NO.	CRITERIA	4 EXCELLENT	3 VERY GOOD	2 FAIR	1 POOR
9	Mastery of the subject matter/topic				
10	Delivery of the lessons discussed				
11	Professional conduct				
12	Appropriateness of learning methods				
<b>AVERAGE RATING:</b>					

Part III: INITIAL TRAINING REACTION					
NO.	CRITERIA	4 EXCELLENT	3 VERY GOOD	2 FAIR	1 POOR
13	Value of the training to your job				
14	Coverage of intended topics in accordance with the training objectives				
15	Clear discussion of topics				
16	Acquired knowledge and/or perspective is relevant to trainee's work				
17	Overall satisfaction with the training				
<b>AVERAGE RATING:</b>					

<b>OVERALL AVERAGE RATING:</b>	
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What are your **SUGGESTIONS** to improve future training activities of the same topic?

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Have you taken a course/seminar/training of the same subject before?

No       Yes

Title of similar training: \_\_\_\_\_

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

Name and signature of training participant: \_\_\_\_\_

*(Please attach copy of training certificate (if applicable)).*

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NAME:					
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10	Delivery of the lessons discussed				
11	Professional conduct				
12	Appropriateness of learning methods				
<b>AVERAGE RATING:</b>					

Part II: SUBJECT MATTER EXPERT/S					
NAME:					
NO.	CRITERIA	4 EXCELLENT	3 VERY GOOD	2 FAIR	1 POOR
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<b>AVERAGE RATING:</b>					

Part II: SUBJECT MATTER EXPERT/S					
NAME:					
NO.	CRITERIA	4 EXCELLENT	3 VERY GOOD	2 FAIR	1 POOR
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<b>AVERAGE RATING:</b>					