

**ANNEX A**

**CLIENT SATISFACTION  
MEASUREMENT (CSM)  
SURVEY  
Mandatory Training  
Evaluation Tool**

Please check ( ✓ ) the box corresponding to your choice using the scale of 1 to 5.

**5 - Excellent**

**2 - Fair**

**4 - Very Good 3 - Good**

**1 - Poor**

**N.A. – Not Applicable**

Mode of Training:	Face to Face	<input type="checkbox"/>	Online	<input type="checkbox"/>	Blended	<input type="checkbox"/>
Date and Venue / Application:						
Name (Optional):						
Contact No. or Email:	Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Prefer not to say						
LGU Name (Barangay, LGU):						

	5	4	3	2	1	N/A
<b>1. What is your overall rating of this training?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. What is your rating of the following aspects of this training?</b>						
a. Attainment of Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Host	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Secretariat support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Relevance of presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Timely provision of reference materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adequacy of reference materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Platform/ application ( <i>for online activity</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Quality of audio and video systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Venue and facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. What is your rating for each speaker? (Write the name/s of each presenter/speaker)</b>						
a. Speaker 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speaker 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Speaker 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Speaker 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Speaker 5:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. What are your suggested improvements and/or additional comments for this meeting/activity?**

(LOGO OF LGU)

By virtue of Republic Act (RA) No. 10742, otherwise known as the Sangguniang Kabataan Reform Act of 2015, as amended by RA No. 11768, Chapter V Capacity-Building and Orientation Towards Nation-Building and Empowerment, this

## CERTIFICATE OF TRAINING COMPLETION

is conferred to

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for successfully completing the **MANDATORY TRAINING PROGRAM** as stated in Section 28 of RA No. 10742, as amended by RA No. 11768, with the following modules:

**Module I    Session 1. Decentralization and Local Governance,  
                  Session 2. Sangguniang Kabataan History and Salient  
Features, Module II    Session 1. Meetings and Resolution,  
                                  Session 2. Planning and Budgeting, and  
Module III    Session 1. Code of Conduct and Ethical Standards**

**GIVEN** this \_\_ day of \_\_\_\_\_, Two Thousand Twenty-\_\_ at  
\_\_\_\_\_, Philippines.

**TRAINING MANAGER  
OFFICER**  
\_\_\_\_\_

**LOCAL GOVERNMENT OPERATIONS**  
\_\_\_\_\_

**LOCAL CHIEF EXECUTIVE**  
\_\_\_\_\_

## MANDATORY TRAINING ATTENDANCE SHEET

**REGION** : \_\_\_\_\_

**PROVINCE** : \_\_\_\_\_

**NAME OF LGU** : \_\_\_\_\_

**MODE OF TRAINING** : \_\_\_\_\_

**VENUE / PLATFORM** : \_\_\_\_\_

**DATE CONDUCTED** : \_\_\_\_\_

*The undersigned expressly authorizes the National Youth Commission, the Department of the Internal and Local Government, and the Training Management Team or their representatives to use, share and process my personal information I have provided, shared or declared in this form/document/site for any lawful purpose.*

#	NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	POSITION	BARANGAY / LGU	GENDER	AGE	EMAIL ADDRESS	SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

15						
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This is to certify that the above activity has been duly conducted in my presence, venue at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_.

**PREPARED BY:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**CERTIFIED BY:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**ANNEX D**

**TRAINING REPORT**

**GENERAL INFORMATION**

<b>Region</b>		<b>Province</b> <i>(For M/C only)</i>	
<b>Name of LGU</b>			
<b>Name of LYD Officer</b>			
<b>Contact Number/s</b>		<b>Email Address</b>	

**BREAKDOWN OF PARTICIPANTS SUCCESSFULLY TRAINED**

<b>Total No. of Participants who Completed the Training</b>		<b>Total No. of Participants who did not Complete the Training</b>	
<b>No. of Classes / Training Events Held</b>		<b>No. of Training Managers mobilized</b>	
<b>Breakdown of Participants who Completed the Training</b>			
SK Chairperson		No. of Barangays	
SK Members		No. of Barangays	
SK Secretary		No. of Barangays	
SK Treasurer		No. of Barangays	
LYDC Members		No. of LGUs	

**TRAINING DETAILS**

*Kindly insert additional rows if necessary. Duplicate the table in case of multiple training venues*

<b>Training Room</b>		<b>Address</b>	
<b>Class Number</b>	<b>Date</b>	<b>No. of Participants who Completed the Training</b>	<b>Name of Training Manager*</b>
1			
2			
3			
<b>Total</b>			

Training Room		Address	
Class Number	Date	No. of Participants who Completed the Training	Name of Training Manager*
1			
2			
3			
<b>Total</b>			

**PHOTO DOCUMENTATION**

*Please include at least one action photo for each class and ensure that each photo is accompanied by a suitable label or caption.*

## VERIFICATION & APPROVAL

This report has been reviewed and verified for accuracy and completeness by the undersigned. We confirm that the information contained herein is a faithful representation of the training activities conducted and the outcomes achieved.

We hereby undertake to submit this training report to the National Youth Commission (NYC) and the Department of the Interior and Local Government (DILG) in accordance with the relevant reporting and regulatory requirements.

Prepared by:	Approved by:
Local Youth Development Officer	Local Chief Executive
Noted By:	
Provincial/City Director or City/Municipal Local Government Operations Officer	

**ANNEX E**

**MANDATORY TRAINING  
EVALUATION REPORT**

**GENERAL INFORMATION**

Region		Province	
Name of LGU			
Mode of Training:	Face to Face	Online	Blended
Date and Venue / Platform:			

**PART I. DEMOGRAPHICS OF THE PARTICIPANTS**

Total No. of Participants		Total No. of Males		Total No. of Females		Total No. Prefer Not to Say	
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**INSTRUCTIONS:** This report summarizes and analyzes data collected from Annex A or the Client Satisfaction Measurement (CSM) Form. Calculate and insert the average for each item in Part II, III and IV into the upper righthand cell in each section (refer to the last page for computation guidance). In the Discussion and Analysis section, emphasize qualitative descriptors of results, participant rating distribution, and factors contributing to these ratings, which can be inferred from comments in the CSM Form's final section.

**PART II. OVER-ALL RATING, EVALUATION, AND IMPRESSION OF THE TRAINING**

<b>OVER-ALL RATING PERCENTAGE OF TRAINING:</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	

**PART III. – VARIOUS ASPECTS OF THIS TRAINING**

<b>Indicate the Average Rating for each aspect of the training</b>	
<b>a. Attainment of Objectives</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	
<b>b. Host</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	

<b>c. Time management</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	
<b>d. Secretariat support</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	

<b>e. Relevance of presentations</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	
<b>f. Timely provision of reference materials</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	

<b>g. Adequacy of reference materials</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	
<b>h. Platform/ application (<i>for online activity</i>)</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	

<b>i. Quality of audio and video systems</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	
<b>j. Venue and facilities</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	

**k. Meals**

**Average**

**DISCUSSION & ANALYSIS:**

**PART IV. – SPEAKERS & RESOURCE PERSONS**

<b>Indicate the Average Rating for each Speaker/ Resource Person</b>	
<b>a. Speaker 1:</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	
<b>b. Speaker 2:</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	

<b>c. Speaker 3:</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	
<b>d. Speaker 4:</b>	<b>Average</b>
<b>DISCUSSION &amp; ANALYSIS:</b>	

**e. Speaker 5:**

**Average**

**DISCUSSION & ANALYSIS:**

**OTHER SIGNIFICANT COMMENTS AND CHALLENGES FOR THE TRAINING**

**DISCUSSION & ANALYSIS:**

## VERIFICATION & APPROVAL

This report has been reviewed and verified for accuracy and completeness by the undersigned. We confirm that the information contained herein is a faithful representation of the training activities conducted and the outcomes achieved.

We hereby undertake to submit this training report to the National Youth Commission (NYC) and the Department of the Interior and Local Government (DILG) in accordance with the relevant reporting and regulatory requirements.

<b>Prepared by:</b>	<b>Approved by:</b>
Local Youth Development Officer	Local Chief Executive
<b>Noted By:</b>	
Provincial/City Director or City/Municipal Local Government Operations Officer	

## ADDITIONAL INSTRUCTIONS IN THE COMPUTATION OF AVERAGE RATING

Calculating the average rating from your Customer Satisfaction Measurement (CSM) Tool data is a crucial step in assessing the overall satisfaction of your training participants. Here's a step-by-step guide on how to compute the average rating in easy-to-understand terms:

### Step 1: Understand Your Data

Before you start calculating the average rating, make sure you have the following information:

- The total number of participants who provided ratings.
- The number of participants who rated the training as 5, 4, 3, 2, and 1.

### Step 2: Calculate the Sum of Ratings

For each rating, multiply the number of participants who gave that rating by the assigned value. Then, sum up these products for all the ratings. You may also organize your data in a table.

For example:

Number of participants who rated 5: 20

Number of participants who rated 4: 30

Number of participants who rated 3: 10

Number of participants who rated 2: 5

Number of participants who rated 1: 2

Sum of Ratings =  $(20 \times 5) + (30 \times 4) + (10 \times 3) + (5 \times 2) + (2 \times 1)$

### Step 3: Calculate the Total Number of Participants

Add up the number of participants who rated each category to find the total number of participants.

Total Participants =  $20 + 30 + 10 + 5 + 2$

### Step 4: Calculate the Average Rating

To calculate the average rating, divide the sum of ratings (from step 3) by the total number of participants (from step 4).

Average Rating =  $\text{Sum of Ratings} / \text{Total Participants}$

Rating	No. of Participants	Sum of Ratings
5	20	100

<b>4</b>	30	120
<b>3</b>	10	30
<b>2</b>	5	10
<b>1</b>	2	2
<b>Total</b>	<b>67</b>	<b>262</b>
<b>AVERAGE</b>	(Sum of Ratings / Total Participants)	3.91
<b>Qualitative Description</b>	Based on the scale in Step 2	

### Step 5: Interpret the Average Rating

The result of your calculation is the average rating of your training. This number will fall between 1 and 5, with 5 being the highest level of satisfaction and 1 being the lowest.

For example, if your calculated average rating is 4.2.

In your Training Evaluation Report, make sure to include the calculated average rating, along with any additional analysis or insights based on the data. You can use this average rating as a key metric to assess the overall satisfaction of your training program.

Use the scale below to interpret your results:

<b>Rating</b>	<b>Descriptor</b>	<b>Analysis</b>
<b>4.21-5.00</b>	Very Satisfactory	The training was outstanding.
<b>3.41-4.20</b>	Satisfactory	The training was very good and participants were pleased with the training experience.
<b>2.61-3.40</b>	Fair	The training meets most expectations. Review for potential enhancements.
<b>1.81-2.60</b>	Not Satisfactory	There is room for improvement in the training. Identify corrections and action points for improvement.
<b>1.00-1.80</b>	Poor	There are significant issues with the training. Identify corrective actions to address them.

## ANNEX F

## DIRECTORY OF NYC AREA OFFICES

REGION	OFFICE DETAILS
CAR	<b>National Youth Commission Region I and CAR Cluster</b> G/F Room 3, No. 12, Lindi Hotel, Legarda Road, Baguio City (074) 619-0511 nycbaguio@nyc.gov.ph
Region I	
Region II	<b>National Youth Commission Regions II and III Cluster</b> VVD Building, 125 Capitol Blvd, Sto. Niño, City of San Fernando, Pampanga 09175541414 nycpampanga@nyc.gov.ph
Region III	
Region IV-A	<b>National Youth Commission Region IV-A</b> NO OFFICE YET (currently stationed at NYC Central Office) 09278500679 calabarzon.ao@nyc.gov.ph
MIMAROPA	<b>National Youth Commission NCR and MIMAROPA Cluster</b> Room 1515 West Avenue Suites, 124 West Avenue, Brgy. Philam, Quezon City 0908 8600996 ncrcluster@nyc.gov.ph
NCR	
Region V	<b>National Youth Commission Region V</b> G/F Naga City Youth Center Bldg., Taal cor. Magsaysay Ave., Naga City (054) 205-9193 nyc_nagacity@yahoo.com nycnaga@nyc.gov.ph
Region VI	<b>National Youth Commission Region VI</b> G/F ME Bldg., Dungon B, Jaro, Iloilo City (033) 5036188 nyciloilo@nyc.gov.ph
Region VII	<b>National Youth Commission Regions VII and VIII Cluster</b> 5/F 82 Vibbo Center Building, N. Escario St., Kamputhaw, Cebu City (032) 232-1897 nyccebu@nyc.gov.ph
Region VIII	
Region IX	<b>National Youth Commission Regions IX and XII Cluster</b> 3/F VHW Bldg., Veterans Avenue, Zamboanga City (062) 992-4851 and (062) 310-0325 nyczamboanga@nyc.gov.ph
Region XII	
Region X	<b>National Youth Commission Region X and CARAGA Cluster</b> 2F Cornerstone Avenue Building, J.V. Serifa Street, Carmen, Cagayan De Oro City (088) 881-1773 cdo@nyc.gov.ph
CARAGA	
Region XI	<b>National Youth Commission Region XI and BARMM Cluster</b> Suite 203 & 205, 2/F JMS Bldg., 88 Maya St., Ecoland, Davao City (082) 225-2938 nycdavao@nyc.gov.ph
BARMM	