



DEPARTMENT OF THE INTERIOR OF LOCAL GOVERNMENT
PROVISION OF TECHNICAL ASSISTANCE

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POST TRAINING EVALUATION FORM

Name:(Optional)_____ Date:_____

Title of Activity/Assistance: _____

Office/LGU Concerned: _____

Instructions: Please check (√) the number which best corresponds to your assessment of this activity using the rating scale below:

- 1 - Poor
- 2 - Fair
- 3 - Satisfactory
- 4 - Very Satisfactory
- 5 - Excellent

1. RESOURCE SPEAKERS

Items for Evaluation	CLIENT SATISFACTION RATING														
	Name of Speaker 1					Name of Speaker 2					Name of Speaker nth				
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
1.1 Mastery of subject matter															
1.2 Manner of delivery															
1.3 Ability to answer Queries															
1.4 Time Management															

2. Rate the following aspects of the Activity

Items (As applicable)	CLIENT SATISFACTION RATING					Remarks
	1	2	3	4	5	
2.1 Content						
2.1a Time allotted for every topic						
2.1b Applicability of topics to my job						
2.2 Activity Flow						
2.3 Facilitators						
2.4 Secretariat						
2.5 Venue (equipment, sound system, etc.)						
2.6 Meals/Food Served						
2.7. Overall impression						

3. Do you have any other comments about this activity (e.g. Suggestion/s for improvement)

Thank you for your feedback!