

POST TRAINING EVALUATION QUESTIONNAIRE

This evaluation is intended to elicit your assessment of the entire training program. The information that you will give will serve as inputs for the improvements of subsequent programs. Please check the appropriate box that best describes your assessment of the course.

Thank you.

CLIENT INFORMATION:

Client Type:

General Public

Business

Name of Business: _____

Government Agency/Official/Employee






Name of Government Agency: _____

Name: _____

Contact Number/Email Address: _____

Office Visited: _____

Date: _____

Particulars (Mga Detalye)	Strongly agree 	Agree 	Neither agree nor disagree 	Disagree 	Strongly disagree 
1. Responsiveness – Delivered on a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reliability – Queries/needs properly responded on the training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Access and Facilities – Training venue conducive to learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communication – Training materials pertinent and useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Costs – Reasonable Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Integrity – feel safe and secure in doing transaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Assurance – Resource Person knowledgeable on DOLE programs/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Outcome – Objectives of the program clearly defined/explained and achieved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complaint about our service (Reklamo sa serbisyong ibinigay):

Suggestion/Recommendation (Mungkahi/Rekomendasyon):

Signature (Lagda): _____