**Name of Respondent**: **Signature**:

**Institution/Agency**: **Contact Number**:

**Occupation/Line of Business**: **Email Address**:

**Title of Training/Seminar Attended**:

**Date**:

Please let us know your level of satisfaction on the resource person and topic discussed during the training or seminar by encircling the number next to the statement that best represents your level of satisfaction:

5 = Outstanding 4 = Very Satisfactory 3 = Satisfactory 2 = Fair 1 = Poor

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STATEMENT** | **NAME OF RESOURCE PERSONS and TOPIC DISCUSSED** | | | | | | | | | | | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Topic** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Topic** | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Topic** | | | | |
| **LEVEL OF SATISFACTION** | | | | | | | | | | | | | | |
| 1. The resource person met the training/ seminar objectives. | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. The resource person was knowledgeable about the topic. | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. The resource person encouraged class participation and interaction. | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. The scope of the topic was adequate. | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. The topic is relevant to my present work or function. | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. The content of the topic added greatly to my stock of knowledge | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. The content of the topic was organized and easy to follow | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. The explanation of the topic was clear | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. The presentation of the topic was clear. | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |
| 1. There is adequate time for questions and discussion**.** | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 | 5 | 4 | 3 | 2 | 1 |

1. What is your most significant learning from this topic?

1. What contents do you wish to be included in this topic or you wish to be removed from this topic?

1. Over-all comments and suggestions:

*\*\*\*Please return the filled-out form to the Secretariat\*\*\**