



CENTRAL LUZON STATE UNIVERSITY
DISTANCE, OPEN, AND TRANSNATIONAL UNIVERSITY
Science City of Muñoz, Nueva Ecija

TRAINING/SEMINAR EVALUATION FORM

Activity: _____
Date & Venue: _____
Sponsor: _____

This evaluation is part of our continuing effort to improve further our training. We shall therefore appreciate your remarks/comments regarding this activity. Kindly check your answer and / or provide the needed information.

Name of Ratee (Resource person) :

Name of Evaluators: (Optional):

Highest Rating is **5**

Indicators	1	2	3	4	5
1. Participation and interaction were encouraged					
2. The lecture materials/visual aids were helpful					
3. The trainer/resource person was knowledgeable about the topic/s					
4. Instructions were clear and understandable					
5. Length of training/ seminar/ presentation is sufficient					
6. Your overall rating of the training/ seminar/ presentation.					
7. Comments/ Reactions/ Suggestions:					



Thank you very much!
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