



**DEPARTMENT OF HEALTH**  
**NATIONAL CENTER FOR MENTAL HEALTH**  
**POST TRAINING EVALUATION SURVEY**

*PETRO Post  
 Training  
 Evaluation  
 Rev. 2  
 23 Apr 2021*

\_\_\_\_\_

Title of Activity

\_\_\_\_\_

Date of Activity

\_\_\_\_\_

Venue

<b>ITEMS:</b> Please rate the following items in terms of your satisfaction using 1-4, with 1 - LOWEST and 4 - HIGHEST	1	2	3	4
<b>1. OBJECTIVES</b>				
a) The objectives were clearly stated				
b) The objectives were met				
c) The training/workshop is relevant to my line of work				
<b>2. TOPICS</b>				
a) The topics presented were relevant to the stated objectives				
b) The topics were discussed clearly				
<b>3. METHODOLOGY</b>				
a) The strategies or methods used were appropriate to achieve desired outputs				
b) The strategies or methods used provided for optimum interaction between and among the Resource Person and participants				
c) The course dynamics were conducive to optimum learning				
<b>4. PRESENTATION AND VISUAL AIDS</b>				
a) The presentations were clear and concise				
b) The visual aids and/or instructional materials are adequate and suitable to facilitate learning				
<b>5. TIME</b>				
a) Training/workshop starts and ends on the agreed time				
b) Time allotted was sufficient to cover all topics				
<b>6. RESOURCE SPEAKERS/FACILITATORS</b>				
a) She/he has demonstrated thorough knowledge of the subject matter				
b) She/he adequately responded to participants' questions				
c) She/he elicited the active participation of everyone				
<b>7. SECRETARIAT</b>				
They were approachable and promptly attended to concerns and queries				
<b>8. VENUE AND MEALS</b>				
a) Meals and snacks were satisfying and serving amounts were sufficient				
b) Facilities were conducive to learning				
c) The venue was appropriate vis-à-sis the training/workshop objectives				
<b>TOTAL (To be filled out by secretariat)</b>				

As a whole, are you satisfied with the activity? Yes No

What topic areas related to this activity would you like more information on, if any?

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What topic areas related to this activity would you like to be omitted, if any?

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Please share any other comments you have that would help us strengthen or improve this course.

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Thank you very much! Please return this form to the secretariat.