	PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM	TRAINING EFFECTIVENESS FORM

Name of Employee:				
Office/Division/Section:			Sex:	
Title of Training Program Attended:				
Date of Training:		Venue:		

Instruction: Please check (/) the appropriate item

Q1: Have you been able to apply anything you learned from the training in your job?		Yes		No
If your answer is "YES", please indicate how.				
If your answer to the above question is "NO", please indicate the reason.				

Q2. Rate the effectiveness of the training attended.

	Highly Effective	Effective	Somewhat Effective	Somewhat Ineffective	Ineffective
In providing you with new knowledge or skills					
In updating or refining the knowledge or skills that you already had					
In providing you with strategic approaches to address issues that you face in work place					

Q3. How often do you make use of the training materials provided?

Daily	Weekly	Monthly	Only When Needed	Never

Q4. After attending the training course

	Agree	Somewhat Agree	Disagree
I practise my newly acquired knowledge and skills			
I shared my learnings to my officemates			
The quality of the work I do has improved			
I suggest/make innovation in the work I do in relation to the course I have attende			

Accomplished by:

Signature over Printed Name

Noted:

HRMO