**TRAINING PROGRAM DESIGN EVALUATION**

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| **Title of the Training Program :** | | | | | |  | | | | | | |
|  | | | | |  | | | | | | | |
| **Duration:** | **No of Days** | | **From** | Click here to enter a date. | | | | **To** | Click here to enter a date. | | | |
| **Target Participants:** | | |  | | | | | **Number of Participants** | | | |  |
| **Proponent:** | |  | | | | |  | | |  |  | |

**Directions:** Rate the Training Design along the following standards by ticking/checking the column that corresponds to your rating with 4 as the highest rating. Also, write your comments and suggestions below to further improve the Session Guide. Thank you.

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| --- | --- | --- | --- | --- |
| **Standard** | **Strongly Agree**  **(4)** | **Agree (3)** | **Disagree**  **(2)** | **Strongly Disagree (1)** |
| 1. The training program is aligned to agency’s strategic direction and priorities (IPPD, SPPD, MPPD, RPMS) | **☐** | **☐** | **☐** | **☐** |
| 1. The training program is based on competency-based needs assessment (e.g. NCBTS, NCBSSH, RMPS) | **☐** | **☐** | **☐** | **☐** |
| 1. Training methodologies are appropriate to attainment of the training objectives (4As, Workshop, etc.). | **☐** | **☐** | **☐** | **☐** |
| 1. The training design follows standard format | **☐** | **☐** | **☐** | **☐** |
| 1. Identification of participants promotes inclusiveness and equity | **☐** | **☐** | **☐** | **☐** |
| 1. Rationale, objectives, competencies being addressed are aligned and relevant to DepEd goals and objectives | **☐** | **☐** | **☐** | **☐** |
| 1. Topics cover all competencies to be developed | **☐** | **☐** | **☐** | **☐** |
| 1. Content sequence is logical | **☐** | **☐** | **☐** | **☐** |
| 1. The resource package/s (session guide, presentation materials/videos, training materials, manuals, etc.) is/are complete, comprehensive and consistent | **☐** | **☐** | **☐** | **☐** |
| 1. Schedule of activities is appropriately sequenced and timed | **☐** | **☐** | **☐** | **☐** |
| 1. Expected outputs are clear and may be accomplished within reasonable time | **☐** | **☐** | **☐** | **☐** |
| 1. Support materials and equipment identified adequately support the program | **☐** | **☐** | **☐** | **☐** |

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| **Standard** | **Strongly Agree**  **(4)** | **Agree (3)** | **Disagree**  **(2)** | **Strongly Disagree (1)** |
| 1. The training design shows how the participants can apply the KSAs learned from the program | **☐** | **☐** | **☐** | **☐** |
| 1. The training program is ICT-supported | **☐** | **☐** | **☐** | **☐** |

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| **Comments and Suggestions to Improve the Program/Training Design:** |
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| Overall Rating: | |  | Recommended Action: | | | Choose an item. |
|  | | | | | | |
| Name and Signature of Evaluator: | | | |  | | |
| Date: | Click here to enter a date. | | | |  | |