**SUMMARY OF DAILY MONITORING AND EVALUATION**

*(to be accomplished by Onsite Team Leader)*

|  |  |  |  |  |  |  |  |  |  |  |
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| **Title of the Training Program :** | | | | | | | |  | | |
|  | | | | | | |  | | | |
| **Duration:** | | **No of Days** | | | **Date** | | Click here to enter a date. | | **Venue** |  |
| **Learning Service Provider :** | | | | | |  | | | | |
| **Address:** |  | | | | | | | | | |
| **Learning Area/s:** | | | |  | | | | | | |
| **Participants:** | | | *(No. of Participants and General Description)* | | | | | | | |

1. What is the general evaluation of the session and facilitation?

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| **Day** | **Overall Rating for the Session** | **Overall Rating for Facilitators** | **Summary of Comments and Suggestions** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

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| Major Observations/ Findings: |
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1. What is the general rating of the training program daily operations?

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| Major Observations/ Findings: |
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1. Are there critical incidents that should be addressed by the Training Program Provider/Management?

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| **CRITICAL INCIDENT/S BASED ON STAR**  **(5Ws and H)** | **Training Provider (Indicate LSP (TEI or Division) and Region** | **Action Taken by the Program Management** | **Status** |
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| Major Observations/ Findings: |
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1. What is the general post-program evaluation rating of the entire program?

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| **Region** | **Overall Rating** | **Summary of Comments and Suggestions** |
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Major Observations/ Findings:

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1. Recommendations for Future Training Program Improvements:

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Recommendations for Policy Action:

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| Submitted by M&E Team: | | M&E Team Lead’s Name and Signature | | | |
|  | |
| Recommending Approval: | | | ***Name and Signature above.*** | | Designation |
| Date Signed: | Click here to enter a date. | | |  | |