Table 3. Trainings

Training No.	Code		Lead Unit		Related Curricular Offering
	(c/o Extension Services)	Department/Unit	Contact Person	Number/Email	e.g. BS Agriculture

Instructions:

- 1. The person in charge (Training coordinator) is advised to prepare the training report immediately after the training for
- 2. The total number of participants by sex and by catefory must be the same to the total number of participants trained
- 3. The total number of participants surveyed must be the same to the total number of responses in terms of rating

Supporting documents:

- 1. Copy of training report, following the prescribed format of the University Extension Services Including the following:
 - Copy of the program
 - Copy of the attendance sheet
 - Photo documentation
 - Copy of the sample evaluation form accomplished by the participant

Collaborating Agency/ies	Contact Person	Project No.
	Training Coordinator	Use no. indicated under Internally Funded Extension Projects and Externally Funded Projects; indicate NA if not under a project

submission to the Extension Coordinator

Category	Title of Training	Inclusive Dates
TVL -technical, vocational, livelihood; AE - agricultural and environmental trainings; CE - continuing education for professionals; BE -		
basic education; GAD - Gender and Development; O -others		

Venue		No. of partici	pants by sex				
	Male	Female	prefer no to say	Total	Student	Farmer	Fisherfolk
				0			
				0			
		·		0			
		·		0			
		·		0			

For TVL Tra	f participants by category For TVL					No. of pa	
No. of participants who are 4Ps members	No. of participants who are solo parent	Total	Others	4Ps	Private Employee	Government Employee	Ag Technician
		0					
		0					
		0					
		0					·
		0					

inings Only		Total No. of Persons	Number of days trained (please check)			ease check)
No. of participants with disabilities	Type of disability	Trained	5 or more days (x 2.00)	3 to 4 days (x 1.5)	2 days (x 1.25)	1 day (8 hours) (x 1.00)
		0				
		0				
_		0				
		0	·			
		0	·			

		Number of days trained per	Total No. of trainees	Client's rating on the training (relevance)				nt's rating		
	Less than 1 day or 8 hours (x 0.5)	weight of training	surveyed	1	2	3	4	5	1	2
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on the tra	aining (qua	ality)	Client's rating on the training (timeliness) Total number of clients			Client's rating on the training (time			Total number of requests for
3	4	5	1	2	3	4	5	requesting trainings	trainings responded in the next 3 days

Estima	ated Expenses and source	e of fund	Sustainable Development Goal
Amount charged to CvSU (campus/college/unit)	Amount charged to partner agency (PhP) (if there is no cash involve, include estimates/value)	Name of Partner Agency	Indicate number/s

A - Agri-Fisheries and Food Security; B -Biodiversity and Environmental Conservation; C -Smart Engineering, ICT and Industrial Competitiveness; D - Public Health and Welfare; E -Societal Development and Equality		Thematic Area	Remarks
	En	and Environmental Conservation; C -Smart gineering, ICT and Industrial Competitiveness; D -blic Health and Welfare; E -Societal Development	