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| **SUPPORTING DOCUMENTS**  **Computer Professionals, Inc.** | **Document Code :** FO-SI-GS-03 | |
| **Revision No.:** 0 | Page 1 of 1 |
| **Section:** 14.o HR Services System Implementation | **Effective Date:** February 5, 2016 | |
| **Title** : User Training Feedback Form | | |

**Note:** Print this page only when adding / amending / deleting a document. If using this document as a record, this Revision History page can be omitted.

**REVISION HISTORY**

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| --- | --- | --- | --- | --- | --- |
| Revision no | Date | Description of Changes | Reason for Revision | Revised by | Approved by |
| 00 | Feb. 5, 2016 | Initial Version |  | ASRosario | RCGanal |
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TM-BR-MG- 11 Rev00, 02052016

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| **Name:** |  | **Department:** |  |
| **Position:** |  | **Training Date(s):** |  |
| **Module:** |  | **Trainer Name:** |  |

How would you rate the following? (on a scale of 1-5; 1 being the lowest and 5 being the highest rating)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** |
| The training met my expectations |  |  |  |  |  |
| I will be able to apply the knowledge learned |  |  |  |  |  |
| I will be able to use the system after the training |  |  |  |  |  |
| The lecture was organized and easy to follow |  |  |  |  |  |
| Adequate time was provided for hands-on exercises |  |  |  |  |  |
| Quality and amount of exercises |  |  |  |  |  |
| Training environment is conducive for learning |  |  |  |  |  |
| Availability of assistance/support during hands-on exercises |  |  |  |  |  |
| Class participation and interaction were encouraged |  |  |  |  |  |
| The trainer was knowledgeable |  |  |  |  |  |
| Overall rating of training |  |  |  |  |  |

What do you like best about the training?

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What could have been done better?

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