

Republic of the Philippines  
 Department of Health  
 SOUTHERN PHILIPPINES MEDICAL CENTER  
 Integrated Hospital Operations and Management Program (IHOMP)  
 J.P. Laurel Ave. Davao City

**Training & Orientation Feedback Form**

Type of System: <input type="checkbox"/> HIS <input type="checkbox"/> PACS <input type="checkbox"/> WRIS <input type="checkbox"/> DMS <input type="checkbox"/> Others	Date: _____
Title:	
Name of Participant:	
Office/Ward:	
Position:	
Signature:	

Rating Scale:

5 – Excellent    4 – Very Good    3- Good    2- Fair    1 – Poor

Kindly rate honestly the performance of your Facilitator on the following description:	Excellent	Very Good	Good	Fair	Poor
• The facilitator is knowledgeable on the subject					
• The presentations are well organized and followed a logical sequence					
• The audiovisuals are relevant, clear and organized.					
• The facilitator presented the material in an effective and dynamic manner, using a reasonable speed.					
• The explanations are clear					
• The amount of content was appropriate for the allotted amount of time					
• The Facilitator answered your queries to your satisfaction					

1. What suggestions for improvement do you have for the orientation?

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Overall Rating :

(Pls. check)

- \_\_\_\_\_ 5 – Excellent (Exceptional)  
 \_\_\_\_\_ 4 – Very Good (Above Expectations)  
 \_\_\_\_\_ 3 - Good (Meet Expectations)  
 \_\_\_\_\_ 2 - Fair (Below Expectations)  
 \_\_\_\_\_ 1 - Poor (Unsatisfactory)

Your comments and participation are greatly appreciated!

Conducted by:

Date Received: \_\_\_\_\_

\_\_\_\_\_

Name & Signature of Facilitator