



Candlelight For Environment, Education and Health
Staff training evaluation feedback form

A. Employee's data

1. Full name:.....
2. Position:.....
3. Grade:.....
4. Project/department:.....
5. Gender:.....

B. Training details

1. Workshop/training attended (Title):.....
2. Place/country/venue:.....
3. Duration of training:.....from.....to.....
4. Number of participants:.....
5. Sponsoring agency:.....

C. Brief feedback

1. based on your understanding what was the main idea of the workshop/training?.....
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.....
2. Explain how the information you have gained can contribute to your performance in Candlelight activities?
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.....

D. Resources/Audio visual materials

- | | |
|--------|--------|
| 1..... | 3..... |
| 2..... | 4..... |

Employee's Signature:.....

Supervisors Signature:.....