



Colegio de San Juan de Letran
Intramuros, Manila

HUMAN RESOURCE DEPARTMENT

POST TRAINING REPORT

Name of Participant : _____
Department : _____
Theme/ Title of Activity : _____
Inclusive Dates : _____
Venue : _____
Type of Activity : () Seminar Workshop () Conference
() Others, please specify: _____

This form is designed to find out your reactions and assessment on the activities you have participated in. This is to evaluate the importance and the applicability of the seminar/workshop/conference in your respective work.

INTRODUCTION

A. Background and Purpose of the Program

B. Expectation of the Participants

C. Resource Person/s and Logistics

TRAINING ASSESSMENT

A. Approach/Session Design

B. Key Learning points/Major benefits you received

C. Issues and Limitations of the Training/ Specific ways how the training can be improved.

CONCLUSION AND RECOMMENDATION

Generalization of the Program

Prepared and Submitted By:

Noted by:

Participant's Signature/Date

Department/Division Head's Signature/ Date

cc HRD
ICRO
Department Head