ANNEX 4.

Post Evaluation - Vocational Training Program

I. PERSONAL INFORMATION

Name of family representative: ________________________________
Gender: □ Male □ Female
Complete Address: _____________________________________________
Contact Number: ________________________________
Civil Status: Single □ Married □ Separated □ Live in □
Age: ________________________________

Instructions: This survey was designed for easy completion. Kindly give the answers to the questions provided. This will help us to know about the results and improvements from the training you received.

1. Which kind of training courses you have participated in TFCF?
   □ A. Housekeeping
   □ B. Cookery

2. What is the main reason why you decided to participate in the training?
   □ A. Wanted to enter the workforce
   □ B. Wanted to increase income
   □ C. Wanted to learn new skills
   □ D. Other, please specify ________________________________

3. After completion of training, did you find a job or are you able to practice what you learned?
   □ A. Yes
   □ B. No
   □ C. If YES, what kind of job? ________________________________

4. Did the vocational/livelihood training resulted in any of the following improvements to your quality of life?
   □ A. Increased financial independence
   □ B. Increased ability to undertake daily activities
   □ C. New or improved skills