

ANNEX 4.

Post Evaluation- Vocational Training Program

I. PERSONAL INFORMATION	
Name of family representative: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Complete Address: _____	Contact Number: _____
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> 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