**ACTIVITY EVALUATION FORM**

Title of Activity: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using the scale below, please rate the following features of the activity:

**1** – Poor (1.00-1.50);  **2** – Fair (1.51 – 2.50); **3** – Satisfactory (2.51 – 3.50)

**4** – Very Satisfactory (3.51 – 4.50); **5** – Excellent (4.51 – 5.00)

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| --- | --- | --- | --- | --- | --- |
|  | Rate | | | | |
| 1. Objectives and Relevance | **5** | **4** | **3** | **2** | **1** |
| 1. Clarity and relevance |  |  |  |  |  |
| 1. Attainment of the activity objectives |  |  |  |  |  |
| 1. Usefulness of the activity/topics to the participants |  |  |  |  |  |
| 1. Timeliness and immediate applicability |  |  |  |  |  |
| 1. Organization and preparation; Venue |  |  |  |  |  |
| 1. Planning and implementing activity |  |  |  |  |  |
| 1. Preparation and organization of the activities |  |  |  |  |  |
| 1. Ventilation, lighting, equipment and facilities in the venue |  |  |  |  |  |
| 1. Appropriateness of the venue of the activity |  |  |  |  |  |
| 1. Time allotment per activity/topic |  |  |  |  |  |
| 1. Speaker/Facilitator |  |  |  |  |  |
| 1. Mastery of the subject matter/content |  |  |  |  |  |
| 1. Use of effective means of communicating ideas |  |  |  |  |  |
| 1. Keenness and interest in the conduct of training |  |  |  |  |  |
| 1. Stimulation of the participants’ interest |  |  |  |  |  |
| 1. Involvement of Participants |  |  |  |  |  |
| 1. Enthusiasm and interest shown |  |  |  |  |  |
| 1. Level of involvement of participants |  |  |  |  |  |
| 5. Food |  |  |  |  |  |
| 6. Overall Evaluation  On a scale of 1 (lowest) to 5 highest, please indicate your overall rating of the activity by encircling the number that corresponds to your assessment. | **5** | **4** | **3** | **2** | **1** |
| 7. Please write your valuable comments/suggestions for the improvement of the succeeding activities/seminars/programs.  8. What training/s would you suggest for future activities? | | | | | |

**Thank you very much for your feedback!**