**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)

|  |  |
| --- | --- |
|  | 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!**