

# Activity Evaluation



Student  
Activities  
Office

050729

<b>Organization</b>							
<b>Activity</b>							
<b>Date(s)</b>		<b>Time</b>		<b>Venue</b>			
<b>Please check the appropriate rating</b> (5 = Excellent, 1 = Unsatisfactory, N.A. = Not Applicable):							
		<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N.A.</b>
<b>Facilities</b>							
1. Location							
2. Space and set-up							
3. Lighting and ventilation							
4. Equipment and materials							
5. Food and beverages							
<b>Activity Design</b>							
1. Meets activity goals/objectives							
2. Methods/strategies used							
3. Sequence of topics							
4. Schedule/duration of activity							
<b>Student Participation</b>							
1. Participation in activities							
2. Fulfillment of assigned tasks							
3. Following rules & instructions							
4. Student behavior/decorum							
<b>Speaker(s)/Facilitator(s)</b>							
1. Related well with participants							
2. Communicated clearly							
3. Maintained participants' interest							
4. Balanced theory with practice							
5. Mastery of subject matter							
<b>Over-all rating of the Activity</b>							

**Benefit(s) Gained/Problem(s) Encountered:**

**Comments/Suggestions:**

Signature over Printed Name \_\_\_\_\_ Date \_\_\_\_\_

This form is to be filled-up individually by the activity participants, organizers and the Faculty Adviser.

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