

Activity Evaluation



Student
Activities
Office

050729

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

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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