



Student Media Office

WORKSHOP EVALUATION FORM

Activity Title:	<input type="text"/>	Resource Person:	<input type="text"/>
Date and Time:	<input type="text"/>	Venue:	<input type="text"/>

Help us improve the way we hold workshops by accomplishing this form.

Please use the rating scale indicated below:

4 – Outstanding	3 – Very Good	2 – Fair	1 – Poor	0 – Not applicable
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	4	3	2	1	0	Topic/s to Request	
Content							
Scope and coverage of topic/s	<input type="checkbox"/>	<input type="text"/>					
Depth of discussion	<input type="checkbox"/>						
Relevance or applicability of content to work or concerns	<input type="checkbox"/>						
Program Scheduling							
Time duration or allotment for each activity or topic	<input type="checkbox"/>	Speaker/s to Suggest <input type="text"/>					
Sequence of activity or topic	<input type="checkbox"/>						
Duration of entire program	<input type="checkbox"/>						
Venue	<input type="checkbox"/>						
Learning Aids							
Handouts (print and electronic) are relevant and adequate	<input type="checkbox"/>	Other Comments <input type="text"/>					
Visual aids	<input type="checkbox"/>						
Laboratory exercises	<input type="checkbox"/>						
Resource Person							
Mastery of topic	<input type="checkbox"/>						
Communication skills	<input type="checkbox"/>						
Ability to address questions and clarifications	<input type="checkbox"/>						
Presentation techniques and methodology	<input type="checkbox"/>						
Impact and rapport with participants	<input type="checkbox"/>						
Participation							
Interaction between participants and speakers	<input type="checkbox"/>						
Interaction among participants	<input type="checkbox"/>						

Thank you for evaluating our activity.