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## ACTIVITY EVALUATION SHEET

Name of Activity: \_\_\_\_\_  
Date: \_\_\_\_\_

Activity in-charge: \_\_\_\_\_

**II. Activity Intended Learning Outcome:**  
(copy from Activity form)

**III. Description of the Activity**  
(copy from Activity form)

I. Please rate each item by encircling the number which you think most appropriate with 5 as the highest and 1 as the lowest. Check the column of your specific rating.

	5 Excellent	4 Very Satisfactory	3 Satisfactory	2 Fairly Satisfactory	1 Unsatisfactory
1. accurate schedule (date and time) of the activities					
2. promptness in starting/ending the event					
3. proper sequence/flow of the activities					
4. appropriate allocation of time for topics/activities					
5. relevance of the activities to the intended learning outcome					

For us to improve more in our service, please do not forget to answer the following:

1. What is the most important learning from this event?

2. COMPLAINTS/SUGGESTIONS:

\_\_\_\_\_  
Evaluator