



EVALUATION FORM (ACTIVITIES)

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Control no: DSA FORM E-

Date of Evaluation: _____

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INSTRUCTION Please rate (encircle the number) the extent with which the factors were achieved.
5-Excellent 4-Higly Satisfactory 3-Satisfactory 2- Fair 1- Poor

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A. Objectives						A. Objectives					
1. Clarity of Purpose	5	4	3	2	1	1. Clarity of Purpose	5	4	3	2	1
2. Relevance to the needs	5	4	3	2	1	2. Relevance to the needs	5	4	3	2	1
3. Level of Achievement	5	4	3	2	1	3. Level of Achievement	5	4	3	2	1
B. Venue						B. Venue					
1. Conduciveness	5	4	3	2	1	1. Conduciveness	5	4	3	2	1
2. Cleanliness and Orderliness	5	4	3	2	1	2. Cleanliness and Orderliness	5	4	3	2	1
3. Ventilation	5	4	3	2	1	3. Ventilation	5	4	3	2	1
4. Sound System	5	4	3	2	1	4. Sound System	5	4	3	2	1
C. Organization of the Activity						C. Organization of the Activity					
1. Responsive to the needs of students, faculty and staff.	5	4	3	2	1	1. Responsive to the needs of students, faculty and staff.	5	4	3	2	1
2. Sequencing of activities	5	4	3	2	1	2. Sequencing of activities	5	4	3	2	1
D. Support Services						D. Support Services					
1. Professional conduct	5	4	3	2	1	1. Professional conduct	5	4	3	2	1
2. Delivery of Services	5	4	3	2	1	2. Delivery of Services	5	4	3	2	1
3. Food Services	5	4	3	2	1	3. Food Services	5	4	3	2	1

Comments/ Suggestions:

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