



EVALUATION FORM (SEMINAR/ WORKSHOP)

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Control no: DSA FORM F-

Date of Evaluation:

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INSTRUCTION
Please rate (encircle the number) the extent with which the factors were achieved.

5-Excellent 4-Highly Satisfactory 3-Satisfactory 2- Fair 1- Poor

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Name of Activity: _____

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

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II. Resource Speaker					
A. Content					
1. Relevance	5	4	3	2	1
2. Applicability	5	4	3	2	1
3. Congruence with the activities	5	4	3	2	1
B. Mastery of the Topic/ s					
C. Novelty of ideas presented					
D. Delivery					
1. Style	5	4	3	2	1
2. Clarity	5	4	3	2	1
3. Ability to sustain attention	5	4	3	2	1
E. Personality and Confidence					
F. Rapport with the Audience					

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Comments/ Suggestions:

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