	TECHNOLOGICAL UNIVERSITY OF THE PHILIPPINES Ayala Blvd., Ermita, Manila, 1000, Philippines Tel No. +632-301-3001 local 409 Fax No. +632-521-4063 Email: ues@tup.edu.ph Website: www.tup.edu.ph	Index No.	F-UES-4.2-EVS
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Dear Participant,

As part of our efforts to make this _____ functionally useful, and as planning input for future program/project we would like to gather some feedback or viewpoints regarding the activity.

Thank you very much.

The Evaluation Committee.

INSTRUCTIONS:

Please rate the following program components in terms of the indicators provided by putting a check mark (✓) on the column of your numeric choice opposite each item which best describes your opinion.

Adjective Rating	Numerical Rating
Best	5
Better	4
Good	3
Fair	2
Poor	1


ProgramTitle: _____

Name(optional): _____

Period of Program: _____ Venue: _____ Date: _____

Programme Component Indicators Item		BEST (5)	BETTER (4)	GOOD (3)	FAIR (2)	POOR (1)
PROGRAM						
1	The project/activity met my expectations.					
2	The activity was organized and instructions were easy to follow.					
3	I benefitted from the knowledge gained in the Seminar-Workshop.					
METHODOLOGY AND FACILITATORS						
1	The speakers were knowledgeable.					
2	The quality of lecture was good.					
3	The methodology was appropriate and the information education campaign was effective.					
4	The activities were interesting varied and practical.					
5	Presentations and other information education campaign aids used were clear.					
6	Participation and interaction were encouraged					
7	Adequate time was provided for participant's question and clarifications.					
INDIVIDUAL PARTICIPATION						
1	I was able to participate actively in all activities.					
2	I was open to learning new things					
3	I welcomed new ways of learning					
PROGRAM, ADMINISTRATION AND LOGISTICS						
1	Administrative arrangement for the activity was good.					
2	Provisions of supplies and materials in terms of time and quantity were done adequately.					
3	Equipment for the activity was available and useful.					

Transaction ID	
Signature	

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4	The facilities and services were conducive.					
5	As a whole the project/activity was a success.					
PROCEDURES INFORMATION						
1	Necessary time information was provided on a timely basis.					
2	The time allowed for breaks and meals was adequate.					
OTHER COMMENTS						

Transaction ID	
Signature	