**SEMINAR EVALUATION SHEET**

**Title of Seminar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear Participants,

Please evaluate the seminar in accordance with the criteria specified below. In assessing the different sessions, please review the objectives, content and activities, as well as your experience going through the different sessions. The results of the evaluation will allow us to further develop any succeeding activities to adequately meet the needs of participants. We assure you that your responses will be kept in strict confidence. Thank you.

Please tick the box corresponding to your response for each of the statements stated. Please mark only one box for each item.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Male** | **Female** | **Faculty** | **Employee** | **Student** | **Others, please specify \_\_\_\_\_\_\_** |
|  |  |  |  |  |  |

1. Overall, how would you rate the seminar/training?

|  |  |  |  |
| --- | --- | --- | --- |
| **Very Good** | **Good** | **Fair** | **Poor** |
|  |  |  |  |

1. The sessions included are

|  |  |  |  |
| --- | --- | --- | --- |
| **More than adequate** | **Adequate** | **Inadequate** | **Highly inadequate** |
|  |  |  |  |

1. The content areas included are \_\_\_\_\_\_\_\_\_\_\_ to the achievement of the objectives.

|  |  |  |  |
| --- | --- | --- | --- |
| **Highly important** | **Important** | **Unimportant** | **Highly unimportant** |
|  |  |  |  |

1. How would you rate the appropriateness of time and the proper use of resources provided?

|  |  |  |  |
| --- | --- | --- | --- |
| **Very Good** | **Good** | **Fair** | **Poor** |
|  |  |  |  |

1. Please evaluate each of the sessions along the different items using the following scale:

5: Outstanding 4: Very Satisfactory 3: Satisfactory 2: Unsatisfactory 1: Poor

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Criteria** | **Session 1** | **Session 2** | **Session 3** | **Session 4** | **Session 5** | **Session 6** | **Session 7** |
| Objectives and expectations were clearly communicated. |  |  |  |  |  |  |  |
| Objectives were achieved. |  |  |  |  |  |  |  |
| Concepts and content were presented in a comprehensible manner by the facilitator/s and/or speaker/s. |  |  |  |  |  |  |  |
| Methodology/ies and teaching were dynamic. |  |  |  |  |  |  |  |
| Activities included in the session were appropriate and relevant to the achievement of the learning objectives. |  |  |  |  |  |  |  |
| Sufficient time was allotted for group discussion and comments. |  |  |  |  |  |  |  |
| Facilitator/s and/or speaker/s was/were open and responsive to participants. |  |  |  |  |  |  |  |
| Materials provided were useful. |  |  |  |  |  |  |  |
| Concepts and information presented in this session are relevant to actual work. |  |  |  |  |  |  |  |
| Concepts and information presented in this session are relevant to personal life. |  |  |  |  |  |  |  |

1. Please evaluate each of the resource persons/trainers along the different items using the following scale:

5: Outstanding 4: Very Satisfactory 3: Satisfactory 2: Unsatisfactory 1: Poor

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Resource Person/s and/or Trainer** | ***Topic 1*** | ***Topic 2*** | ***Topic 3*** | ***Topic 4*** | ***Topic 5*** | ***Topic 6*** | ***Topic 7*** |
| Very knowledgeable about the subject matter |  |  |  |  |  |  |  |
| Logically presented the subject matter |  |  |  |  |  |  |  |
| Able to deliver the topic within the participants’ level of comprehension |  |  |  |  |  |  |  |
| Able to give direct and precise answers to questions raised |  |  |  |  |  |  |  |
| Able to stimulate and sustain interests of the participants |  |  |  |  |  |  |  |
| There was good interaction between the trainer and participants |  |  |  |  |  |  |  |
| **Presentation** |  |  |  |  |  |  |  |
| Information presented was updated |  |  |  |  |  |  |  |
| Audio-visual aids were clear |  |  |  |  |  |  |  |
| Handouts provided were helpful |  |  |  |  |  |  |  |
| Presentation of topics was too detailed |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Aspects** | **Outstanding** | **Very**  **Satisfactory** | **Satisfactory** | **Unsatisfactory** | **Poor** |
| Time management |  |  |  |  |  |
| Venue |  |  |  |  |  |
| Food/refreshments |  |  |  |  |  |

1. This activity is of value to me in different ways. (check all items that apply to you)

|  |  |
| --- | --- |
| \_\_\_\_\_ | I gained one or more specific ideas that I can implement in my area of practice/field. |
| \_\_\_\_\_ | I learned a new approach to my practice/field. |
| \_\_\_\_\_ | It may help me do a better job. |
| \_\_\_\_\_ | I do not see the impact of this training/seminar on my job. |
| \_\_\_\_\_ | I was able to update my skills. |
| \_\_\_\_\_ | I acquired new and/or advanced skills. |
| \_\_\_\_\_ | I have better knowledge upon which to base my decisions/actions. |
| \_\_\_\_\_ | I am reconsidering my views toward the topic(s) presented. |
| \_\_\_\_\_ | The topic presented was appropriate, but I am undecided as to my own views. |
| \_\_\_\_\_ | Others, please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Based on your experience in this activity, will you attend future activities organized by this Office?

|  |  |
| --- | --- |
| **Yes** | **No** |
|  |  |

1. The three most important things (i.e., knowledge, skills, perspective, attitudes) I learned are:
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I want to learn more about the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Comments/suggestions on how the sessions could be improved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other comments/suggestions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_