



REVIEW REPORT

Request No. : _____
Title/ Program Name : _____
Document Type : ☐ Instructional Material ☐ Curriculum
Type of Review : ☐ Internal ☐ External

Instruction: Write your objective review of the material in the space provided below (may include Strength, Weaknesses, Areas for Improvement)

No	Section/ Page No.	Comments/ Suggestions / Recommendations
1		(Specify items for improvement)
2		
3		
4		
5		
6		
7		
8		
9		
10	(Add cells if necessary)	

- For Instructional Material only -

Rate the instructional material in a scale of 1 to 5 with 5 being the highest

Criteria	5	4	3	2	1	NA
1. Content Quality (Outcomes-Based)						
2. Design and Presentation						
3. Language and Readability						
4. Clarity of instructions						
5. Accessibility (for audio-visual)						
Overall Rating						

Overall Result

☐ Pass/ Accept
☐ For revision
☐ Fail/ Rejected

Reviewed bv:

Noted bv:

Reviewer

(for IM: Department Chair/ Dean, for Curriculum: OCID Director)

Date:

Date:

Note: To protect the identity of the reviewers and proponents, and to assure the quality of the evaluation. Disclosure of the accomplished DRR to the author/proponent of Instructional Material is strictly prohibited.