|  |  |  |  |
| --- | --- | --- | --- |
| Venue |  | Date  *TIPM-OSA-004*  *Revision Status/Date: 2/2016 June 01* | **MMM DD, YYYY** |
| Nature of Activity |  |  | **No. of Participants:** |

**Part I. Objectives and Intended Learning Outcomes**

|  |  |
| --- | --- |
| **Objectives** | **Intended Learning Outcomes** |
|  |  |

**Part II. Program Flow**

|  |  |  |
| --- | --- | --- |
| **Sub-Activity** | **Time Allotment** | **Person In-Charge (if applicable)** |
|  |  |  |

**Part III. Brief Description of the Sub-Activities of the Program**

|  |  |  |
| --- | --- | --- |
| **Sub Activity of the Program** | **What Transpired?**  *(Briefly discuss what happened for each*  *sub-activity of the program.)* | **Remarks**  *(Cite comments/suggestions/feedback for the improvement of the particular sub-activity of the program.)* |
|  |  |  |

**Part IV. Evaluation of the Attainment of the Objectives and Intended Learning Outcomes**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Objectives** | **Intended Learning Outcomes** | **Evaluation Scale** | | | | | **Average Rating per ILO** | **Interpretation** |
| **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Over-All Evaluation** | |  |  |  |  |  |  |  |

**Part V. Summary of Comments / Suggestions / Feedback from Evaluation**

|  |  |
| --- | --- |
| **#** | **Comments / Suggestions / Feedback** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |

**Part VI. Budget Liquidation Report** *(with attachment)*

*Note: The After-Activity Report will not be accepted by OSA without an attached copy of the liquidation report of the activity (if applicable).*

**Part VII. Pictures**

|  |  |  |
| --- | --- | --- |
| Prepared by: |  |  |
| Position / Designation | Date |
| Noted by: |  |  |
| Adviser / Program Chair | Date |