COURSE EVALUATION FORM

Activity Title:		**Resource Person:**	
Date and Time:		**Venue:**	

Help us improve the way we hold workshops by accomplishing this form.

Please use the rating scale indicated below:

4 – Outstanding | 3 – Very Good | 2 – Fair | 1 – Poor | 0 – Not applicable

	4	3	2	1	0
Content					
Scope and coverage of topic/s					
Depth of discussion					
Relevance or applicability of content to work or concerns					
Program Scheduling					
Time duration or allotment for each activity or topic					
Sequence of activity or topic					
Duration of entire program					
Venue					
Learning Aids					
Handouts (print and electronic) are relevant and adequate					
Visual aids					
Laboratory exercises					
Resource Person					
Mastery of topic					
Communication skills					
Ability to address questions and clarifications					
Presentation techniques and methodology					
Impact and rapport with participants					
Participation					
Interaction between participants and speakers					
Interaction among participants					

Topic/s to Request

Speaker/s to Suggest

Other Comments

Thank you for evaluating our activity.