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.