

EVALUATION CHECKLIST FOR CONTINUING DEVELOPMENT PROGRAM ACTIVITY

| TITLE OF ACTIVITY: | Status | |
|---|----------|-------------|
| | Approved | Disapproved |
| | | |
| 1 DDC Forms No. 2 Application for Approximation of CDD Programs | | |
| PRC Form No. 2 - Application for Accreditation of CPD Program PRO INTENDED COUNCIL. PRO INTENDED COUNCIL. | | |
| PER INTENDED COUNCIL | | |
| DLSMHSI CPD Activity Proposal / Concept Paper | | |
| 3. DLSMHSI CPD Activity Instructional Design | | |
| 4. DLSMHSI CPD Evaluation Tool/Checklist for the: | | |
| a. Objectives of the Program | | |
| b. Delivery of the CPD Activity (Participant Feedback / | | |
| Evaluation Form) | | |
| 5. Program of Activities | | |
| 6. Resume/Curriculum Vitae of Speakers for program applied for, | | |
| showing expertise in the topic/s; show certificates or citations (if | | |
| any) | | |
| 7. Current Professional ID of the Resource Speaker (if local), if | | |
| foreigner, current Special Temporary Permit, | | |
| 8. DLSMHSI CPD Activity Budget Report (Breakdown of Expenses and | | |
| Registration) | | |

| Evaluated by: | |
|---------------------|---|
| | Signature over Name of Unit/Department/College Head |
| | Position, Unit/Department/College |
| Date of Evaluation: | |