



OVCA FORM 125: ACADEMIC ACTIVITY EVALUATION

Name of Faculty Member/ASP/Attendee (Optional): _____ College / Department / Unit: _____
Name of the Activity Attended: _____ Date: _____

Instructions: In connection with the activity/ies of the college/department, respond to each item according to how you would honestly and objectively assess it/them. Please take time to fill in the questionnaire below. Please encircle the number that represents the rating closest to your opinion.

ITEMS	RATINGS				
	Outstanding	Very Satisfactory	Satisfactory	Fair	Needs Improvement
1. THEME					
1.1. Clarity	5	4	3	2	1
1.2. Relevance	5	4	3	2	1
2. PROGRAM					
2.1. Flow of the Program	5	4	3	2	1
2.2. Adequacy & Suitability of Topics	5	4	3	2	1
2.3. Time Allotment for Topics / Segments	5	4	3	2	1
2.4. Implementation	5	4	3	2	1
3. SPEAKER/S					
3.1. Organize	5	4	3	2	1
3.2. Interactive / Engaging	5	4	3	2	1
3.3. Knowledgeable	5	4	3	2	1
3.4. Good Communication Skills	5	4	3	2	1
3.5. Confident	5	4	3	2	1
4. ORGANIZERS / SECRETARIAT					
4.1. Efficiency of Services	5	4	3	2	1
4.2. Systematic	5	4	3	2	1
4.3. Professionalism (attitude and behavior)	5	4	3	2	1
5. MEALS AND SERVICE (if applicable)					
5.1. Taste & Cleanliness	5	4	3	2	1
5.2. Adequacy	5	4	3	2	1
5.3. Promptness of Service	5	4	3	2	1
5.4. Manner of Service	5	4	3	2	1
6. VENUE					
6.1. Conducive	5	4	3	2	1
6.2. Sound System	5	4	3	2	1
6.3. Comfort Rooms	5	4	3	2	1
6.4. Lightings	5	4	3	2	1
6.5. Ventilation	5	4	3	2	1
6.6. Stage Set-up / Production	5	4	3	2	1
7. EUCHARISTIC CELEBRATION (if applicable)	5	4	3	2	1

8. OTHER MATTERS

8.1. What is/are highly commendable/best feature/s of the activity/ies? Check your most/best preferred answer)

- Quality of the Program/Topics
- Line-up of Speakers/Presenters
- Venue and Amenities
- Others, please specify: _____

8.2. What insights have you gained from the activity/ies?

8.3. What is/are your recommendation/s for the improvement of future activity/ies?

8.4. Other comments/commendations/recommendations:

Thank you very much!

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