

COMMUNITY DEVELOPMENT ACTIVITY EVALUATION FORM
(For Participants)

Activity Proponent(s): _____

Title of the Activity: _____

Date of Implementation: _____ Project Area: _____

Please evaluate the activity based on the following components. Put a check mark (✓) in the appropriate box. Put N/A if the item is not applicable for the project.

ACTIVITY COMPONENTS	EXCELLENT 5	VERY GOOD 4	GOOD 3	FAIR 2	POOR 1
Major Activity/ Program					
Speaker / Facilitator					
Flow of the Program					
Relevance of the Activity					
Venue					
Food					
Organizers					
Time Management					
Waste Management					
OVERALL RATING					

Other comments / suggestions that you wish to share with us:

Name (Optional): _____ Affiliation: _____ Thank you! ☺

UST:S040-00-FO11 rev01 6/14/13

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