COMMUNITY DEVELOPMENT ACTIVITY EVALUATION FORM

(For Participants)

		r or r artiorparito)				
Activity Proponent(s):						
Title of the Activity:						
Date of Implementation:	Project Area:					
Please evaluate the activity based or not applicable for the project.	n the following comp	onents. Put a check	mark (✓) in the	appropriate box.	Put N/A if the it	
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 yo	ou wish to share with	us:				
Name (Optional):		Affiliation		The	ank youl @	
variie (Optional).		AIIIIIaliOi	I	1116	irik you! ⊜	
				UST:S040-00-F		
	-	(For Participants)		<u>FORM</u>		
Activity Proponent(s):						
Title of the Activity:						
Date of Implementation:		Projec	t Area:			
Please evaluate the activity based or	n the following comp	onents Put a check	mark (🗸) in the	annronriate hov	Put N/Δ if the it.	
not applicable for the project.	Tale following comp	onenis. Tul a check	inark (*) in the	, арргорнате вох.	Tut IVA II tile it	
	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	
ACTIVITY COMPONENTS	5	4	3	2	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 yo	ou wish to share with	us:				
Name (Optional):		Affiliation:		Thank you! ©		
				111a11k y0u! ⊌		