

UNIVERSITY OF CEBU
SANCIANGKO ST., CEBU CITY
OFFICE OF THE STUDENT AFFAIR

STUDENT ACTIVITY EVALUATION FORM

TITLE OF ACTIVITY: _____
NAME OF STUDENT: _____
NAME OF ORGANIZATION: _____
NO. OF RESPONDENTS: _____

DATE OF ACTIVITY: _____
PROGRAM & YEAR: _____
DEPARTMENT/COLLEGE: _____
VENUE: _____

INSTRUCTIONS: PLEASE CHECK THE BOX ACCORDING TO THE DEGREE OF YOUR CHOICE. REFER TO THE LEGEND BELOW.

Objectives of the Activity: _____

LEGEND:

SA – STRONGLY AGREE
 A – AGREE

F - FAIR
 D - DISAGREE

SD – STRONGLY DISAGREE
 NA – NOT APPLICABLE

A.OBJECTIVES	SA	A	F	SD	D	NA
• The objectives are achievable						
• The objectives develop the personality of the participants						
• The objectives are smart						
B. ACTIVITY/EVENT PROPER						
• The activity is aligned with the objectives set by the organizers.						
• The activity is well-organized and student – oriented.						
• The activity stimulates the interest of the participants.						
• The activity is supported with enough manpower and appropriate materials.						
C. ORGANIZERS/RESOURCE PERSONNELS						
• The organizers are well-prepared.						
• The facilitators/resource personnels are knowledgeable and competent in conducting the event.						
• The advisers monitor the entire duration of the activity.						
D. VENUE AND FOOD						
• The venue is conducive to the participants.						
• The meal is enough and served on time.						
• The fee for the event is justifiable.						

Observations and Recommendations: _____

