**OVERALL EVALUATION OF THE SEMINAR/TRAINING-WORKSHOP**

**TITLE OF THE SEMINAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF THE SPEAKER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VENUE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We appreciate your help in evaluating this seminar. On a scale of 1 to 5, where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree, please indicate your rating of the presentation by encircling the appropriate number

|  |  |
| --- | --- |
| **SPEAKER/S (GENERALLY)** | **RATE** |
| 1. Knowledgeable in content areas | 1. 2 3 4 5 |
| 2. Content consistent with objectives | 1. 2 3 4 5 |
| 3. Clarified content in response to questions | 1 2 3 4 5 |
| **CONTENT** |  |
| 1. Appropriate for intended audience | 1. 2 3 4 5 |
| 2. Consistent with stated objectives | 1 2 3 4 5 |
| **PRESENTATION STRATEGIES** |  |
| 1. Visual aids and oral presentations clarified content | 1. 2 3 4 5 |
| 2. Presentation methods and strategies were appropriate for seminar proper | 1 2 3 4 5 |
| **RELEVANCE** |  |
| 1. Information could be applied to practice | 1. 2 3 4 5 |
| 2. Information could contribute to achieving personal, professional goals | 1 2 3 4 5 |
| **VENUE** |  |
| 1. Was adequate and proper for the seminar i.e. the venue is conducive to the participants | 1 2 3 4 5 |
| **OVERALL IMPACT** |  |
| 1. This program enhanced my professional expertise | 1 2 3 4 5 |
| 2. I would endorse this program to others. | 1 2 3 4 5 |

Comments/Program Improvements

Participant’s Name (OPTIONAL)

|  |  |  |  |
| --- | --- | --- | --- |
| Form No. TSU-GAD-SF-02 | Revision No.: 02 | Effectivity Date: March 10, 2019 | Page **1** of **2** |

** Tarlac State University**

**GENDER AND DEVELOPMENT OFFICE**

**OVERALL EVALUATION OF THE SEMINAR/TRAINING-WORKSHOP**

**TITLE OF THE SEMINAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF THE SPEAKER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VENUE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We appreciate your help in evaluating this seminar. On a scale of 1 to 5, where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree, please indicate your rating of the presentation by encircling the appropriate number

|  |  |
| --- | --- |
| **SPEAKER/S (GENERALLY)** | **RATE** |
| 1. Knowledgeable in content areas | 1 2 3 4 5 |
| 2. Content consistent with objectives | 1 2 3 4 5 |
| 3. Clarified content in response to questions | 1 2 3 4 5 |
| **CONTENT** |  |
| 1. Appropriate for intended audience | 1. 2 3 4 5 |
| 2. Consistent with stated objectives | 1 2 3 4 5 |
| **PRESENTATION STRATEGIES** |  |
| 1. Visual aids and oral presentations clarified content | 1 2 3 4 5 |
| 2. Presentation methods and strategies were appropriate for seminar proper | 1 2 3 4 5 |
| **RELEVANCE** |  |
| 1. Information could be applied to practice | 1. 2 3 4 5 |
| 2. Information could contribute to achieving personal, professional goals | 1 2 3 4 5 |
| **VENUE** |  |
| 1. Was adequate and proper for the seminar i.e. the venue is conducive to the participants | 1 2 3 4 5 |
| **OVERALL IMPACT** |  |
| 1. This program enhanced my professional expertise | 1 2 3 4 5 |
| 2. I would endorse this program to others. | 1 2 3 4 5 |

Comments/Program Improvements

Participant’s Name (OPTIONAL)