**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 **5 = strongly agree**, **4 = agree**, **3 = neutral**, **2 = disagree**, and **1 = strongly disagree**, please indicate your rating of the presentation by encircling the appropriate number.

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

Comments/Program Improvements

 Participant’s Name (OPTIONAL)

|  |  |  |  |
| --- | --- | --- | --- |
| Form No. TSU-GAD-SF-02 | Revision No.: 02 | Effectivity Date: October 25, 2024 | Page **1** of **1** |

** 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 **5 = strongly agree**, **4 = agree**, **3 = neutral**, **2 = disagree**, and **1 = strongly disagree**, please indicate your rating of the presentation by encircling the appropriate number.

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

Comments/Program Improvements

 Participant’s Name (OPTIONAL)