**Activity Evaluation Form Template Word**

**Participant Information  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Department/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Activity Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Instructor/Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Activity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**

### **Evaluation Criteria**

**Please check the box that best describes your experience.**

**☐ Strongly Agree  
☐ Agree  
☐ Neutral  
☐ Disagree  
☐ Strongly Disagree**

* **The activity objectives were clearly explained.**
* **The content was relevant and useful.**
* **The instructor was knowledgeable and engaging.**
* **The activity encouraged participation and teamwork.**
* **The time allocated was appropriate.**
* **The resources provided were helpful.**

### **Open-Ended Questions**

**What were the strongest aspects of the activity?**

**What areas could be improved?**

**Would you like to attend a similar session in the future?  
☐ Yes ☐ No**

**Additional Comments**

**Signature  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**