

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: ____ / ____ / _____