**Activity Evaluation Form for Students**

**Student Information
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Information
Activity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date Conducted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_
Activity Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rate the Following Aspects
(Please check the most appropriate option)**

| **Evaluation Criteria** | **Excellent** | **Good** | **Average** | **Poor** |
| --- | --- | --- | --- | --- |
| **Activity Content** | **☐** | **☐** | **☐** | **☐** |
| **Engagement Level** | **☐** | **☐** | **☐** | **☐** |
| **Instructor’s Clarity** | **☐** | **☐** | **☐** | **☐** |
| **Use of Materials** | **☐** | **☐** | **☐** | **☐** |
| **Interaction Among Participants** | **☐** | **☐** | **☐** | **☐** |
| **Overall Satisfaction** | **☐** | **☐** | **☐** | **☐** |

**Feedback Section
What was the most enjoyable part of the activity?**

**What improvements would you suggest for the future?**

**Would you recommend this activity to other students?
☐ Yes ☐ No**

**Any additional comments:**

**Student’s Signature
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_**