

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor's Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction Among Participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: ____ / ____ / _____