



**Community Extension  
 Evaluation Form**

Title of Activity: \_\_\_\_\_

Course/Year: \_\_\_\_\_

Evaluate the following using the rating scale below:

- 1 – Poor
- 2 – Needs Improvement
- 3 – Fair
- 4 – Good
- 5 – Very Good

	5	4	3	2	1
1. Relevance to the school’s Vision, Mission, Goals and Objectives	—	—	—	—	—
2. Relevance to the needs of the activity	—	—	—	—	—
3. Achievement of the Objective of the activity	—	—	—	—	—
4. Time allotted to the activity	—	—	—	—	—
5 Organizers/Implementors (please underline as applicable)	—	—	—	—	—
6. Facilities/Venue/Transportation (please underline as applicable)	—	—	—	—	—
7. Speaker/Trainers (please underline as applicable)	—	—	—	—	—
8. Over – all Rating for the Activity	—	—	—	—	—

Comments and Suggestions:

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2. Relevance to the needs of the community	—	—	—	—	—
3. Achievement of the Objective of the activity	—	—	—	—	—
4. Time allotted to the activity	—	—	—	—	—
5. Organizers/Implementors (please underline as applicable)	—	—	—	—	—
6. Facilities/Venue/Transportation (please underline as applicable)	—	—	—	—	—
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Comments and Suggestions:

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