

Republika ng Pilipinas
National Irrigation Administration
(Pambansang Pangasiwaan ng Patubig)
Lungsod ng Quezon



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MEMORANDUM CIRCULAR

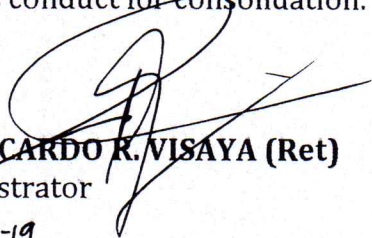
TO : THE SENIOR DEPUTY ADMINISTRATOR, DEPUTY ADMINISTRATORS, DEPARTMENT/REGIONAL/PROJECT MANAGERS, DIVISION MANAGERS AND ALL OTHERS CONCERNED

SUBJECT : OVERALL ACTIVITY EVALUATION FORM AND ACTIVITY EFFECTIVENESS FORM

Evaluation of course/training programs is a vital key to see whether it has achieved or failed to meet its objectives. The Agency can improve the outcome of future trainings/activity to a considerable extent and identify which aspects of the activity have been most useful or relevant to remain aligned to the Agency goals.

In line with the NIA's continuous effort to further enhance its Quality Management System and in conformity with the ISO 9001:2015 standards, the attached documents are hereby issued to standardize the forms we use and integrate evaluation tool to course/training programs.

Labeled as Annex A and Annex B are the Overall Activity Evaluation Form and Activity Effectiveness Form, respectively which are intended to be used in the Central and Regional/Field Office for dissemination at the end of the conduct of training/seminar/workshop and other similar activities. The Overall Activity Evaluation Form shall be accomplished immediately after the conduct of the activity while the Activity Effectiveness Form shall be given by the participant to his/her immediate superior for assessment and concurrence by the next higher superior. The latter is required to be submitted back to the activity organizer thirty (30) days after its conduct for consolidation.


GEN RICARDO R. VISAYA (Ret)
Administrator

10-16-19



OVERALL ACTIVITY EVALUATION FORM

Activity Title:

Training Dates and Venue:

Name of participant: _____ Sex: _____ Age: _____
(optional)

We give utmost importance on what you have to say about the just concluded activity. This questionnaire was developed to determine what you gained from the above activity as well as gauge your level of satisfaction on it.

Information from this survey will give us an overview of your observations and recommendations. They will also be used to find ways where we can innovate and deliver the kind of service that will give value to training participants. Rest assured that your answers will be treated with utmost confidentiality.

Instructions:

For Part I and Part III, please provide specific responses. Part I must not be left unanswered; answer must be in sentence form.

For II:

a.) Put an X on the circle corresponding to your answer using the following scale:

④ Strongly Agree ③ Agree ② Disagree ① Strongly Disagree ① Not Applicable

b.) Once completed, please return this evaluation form to the training staff.

Part I (Learnings):

What new information did you get from the activity? From what you learned, how do you plan to apply it to your work?

Part II (Administrative and Lecturer Concerns)

	Rating Scale				
	SA	A	D	SD	NA
1. Session					
1.1 The objectives were clearly explained	④	③	②	①	①
1.2 The objectives were met	④	③	②	①	①
1.3 It is substantial and extensive	④	③	②	①	①
1.4 It provided information that is relevant to my actual job	④	③	②	①	①
1.5 It provided activities that will help advance my professional skills	④	③	②	①	①
1.6 The activities were appropriate to the participants	④	③	②	①	①
1.7 The topics were properly sequenced	④	③	②	①	①
1.8 The time allotted for each presentation was sufficient	④	③	②	①	①
1.9 The schedule was followed	④	③	②	①	①
2. Lecturers/resource speakers					
A. Mastery of the subject matter					
2.A.1 They were knowledgeable about the subject matter	④	③	②	①	①
2.A.2 They were confident in delivering the lecture	④	③	②	①	①
2.A.3 They were able to cover all the significant topics	④	③	②	①	①
2.A.4 They were able to address questions adequately	④	③	②	①	①
B. Presentation skills					
2.B.1 They clearly explained the concepts discussed	④	③	②	①	①
2.B.2 They presented ideas and principles in an organized manner	④	③	②	①	①
2.B.3 They gave substance to the discussion by mentioning other examples	④	③	②	①	①
2.B.4 Their discussions were stimulating and interesting	④	③	②	①	①
2.B.5 Their style of delivery was appropriate for the audience	④	③	②	①	①
2.B.6 They clearly gave instructions	④	③	②	①	①
2.B.7 They presented learning materials in clear and logical manner	④	③	②	①	①
2.B.8 Their pace of discussion was just right (not too slow, not too fast)	④	③	②	①	①
2.B.9 They spoke clearly, audibly, fluently and smoothly on the topic	④	③	②	①	①
2.B.10 They finished their presentation within the allotted time	④	③	②	①	①
C. Audience relations					
2.C.1 They introduced themselves warmly	④	③	②	①	①
2.C.2 They were able to encourage participation from the participants	④	③	②	①	①
2.C.3 They were open to the ideas of the participants	④	③	②	①	①
2.C.4 They were responsive to the needs of the participants	④	③	②	①	①
2.C.5 They were able to establish a relaxed rapport with their audience	④	③	②	①	①
2.C.6 They were accommodating and friendly	④	③	②	①	①
2.C.7 They projected a professional but approachable image	④	③	②	①	①

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D. Appearance					
2.D.1 They are well groomed/neat	④	③	②	①	①
2.D.2 They are properly dressed for the event	④	③	②	①	①
3. Facilities					
3.1 The session room was clean and orderly	④	③	②	①	①
3.2 The room was comfortable and conducive to learning	④	③	②	①	①
3.3 The room temperature was neither too hot nor too cold	④	③	②	①	①
3.4 There was adequate and proper lighting at the session room	④	③	②	①	①
3.5 The computer was working well	④	③	②	①	①
3.6 The equipment used helped enhance my learning	④	③	②	①	①
3.7 The handouts were adequate	④	③	②	①	①
3.8 I am satisfied with the quality of handouts	④	③	②	①	①
3.9 The handouts were relevant to the course	④	③	②	①	①
3.10 The training supplies were readily available	④	③	②	①	①
4. Food					
4.1 The food tasted good	④	③	②	①	①
4.2 The amount of food served was adequate	④	③	②	①	①
4.3 The food was balanced and nutritious	④	③	②	①	①
4.4 The food was served at an appropriate time	④	③	②	①	①
4.5 The menu served was varied	④	③	②	①	①
4.6 The plates, utensils and other food containers were clean	④	③	②	①	①
5. Training/Support Team					
5.1 They are effective in facilitating the program	④	③	②	①	①
5.2 They effectively managed the time	④	③	②	①	①
5.3 They were responsive to the needs of the participants	④	③	②	①	①
5.4 They are courteous	④	③	②	①	①
5.5 They are resourceful	④	③	②	①	①
5.6 They are punctual	④	③	②	①	①

Part III (Comments)

1. What are the things that you appreciate most about the activity?

2. What are the things that should be improved in this program?

3. Did this activity help you? How?

☐ Yes

☐ Neutral

☐ No

Reason/s: _____

4. Other comments:

Thank you very much for your cooperation.



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(PAMBANSANG PANGASIWAAN NG PATUBIG)

ACTIVITY EFFECTIVENESS FORM

We are seeking your response to this questionnaire, being the participant's immediate superior, in order to assess the impact of a concluded course/training program on him/her. It consists of questions on how the subject trainee benefited from participating in a course/training program and if s/he applied her/his acquired information, skills, changed attitude etc. in her/his professional life since completing the course/training.

You are requested to go through the set of questions and complete this questionnaire by providing concrete/specific responses. Your answers will be essential for us to understand which aspects of the course/training have been most useful and/or how we may improve it.

If you have any questions on the survey, please do not hesitate to contact the Training and Career Development Section at telephone numbers (02)928-4287 or (02)929-6071 local 176. Thank you for your time and cooperation.

Name of Employee:	Position Title:	Department/Office:
Training Program/Seminar Title:		
Inclusive Dates:	Venue:	

TRAINING/SEMINAR/ACTIVITY OBJECTIVE/S

I. As a result of the training/seminar/activity, in which of the following areas does the participant manifest improvement, if any? Check all that are applicable.

- | | | |
|--|--|--|
| <input type="checkbox"/> Work know-how | <input type="checkbox"/> Self-confidence | <input type="checkbox"/> Others, pls. specify: |
| <input type="checkbox"/> Management/Supervisory Skills | <input type="checkbox"/> Customer Service Skills | _____ |
| <input type="checkbox"/> Oral Communication | <input type="checkbox"/> Human Relations Skill | _____ |
| <input type="checkbox"/> Written Communication | <input type="checkbox"/> Enthusiasm too Work | _____ |

II. Kindly encircle the appropriate rating of the over-all effectiveness of the training/seminar/activity program.

- 5 - Outstanding; contributed to the effective discharge of his/her job/functions.
- 4 - Very satisfactory; contributed to the effective discharge of his/her job/functions.
- 3 - Satisfactorily; contributed the effective discharge of his/her job/functions.
- 2 - The training program/seminar is somehow helpful to the effective discharge of his/her job/functions.
- 1 - No visible improvement on the part of the employee of the training program/seminar is of no help to the effective discharge of his/her job/functions.

III. Other Observations/feedback/comments:

Prepared by:

Printed name and signature of Trainees' Immediate Supervisor

Date

Noted by:

Printed name and signature of next higher manager

Date