

Trainees Affairs Department Trainees Activities Section



Activity Evaluation Form

First: General information							
Trainee name (optional):		Trainee ID (optional):					
Training program:		Training year:					
Title of the event:							
Supervisor of the event:							
Venue:	1	Duration of the event: Event date:					
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Second: Activity Evaluation							
Evaluation aspect	Excelle	nt Very good	goo	d	medium	Needs improvement	
1. Level of organization							
2. Content							
Equipment and means used during the activity							
4. Duration							
5. Venue							
6. Timing of the event							
	•				•		
Third: Outcome of the activity	1						
Evaluation aspect	Excelle	nt Very good	goo	d	medium	Needs improvement	
Educational benefit of the activity							
Do you want to participate in the same activity again?							
What is your overall evaluation	Excelle	nt Very good	goo	od	medium	Needs improvement	
Suggestions and remarks if a	nny:						
1							
1							
2							
3	•••••	•••••	••••••	•••••	••••••	••••••	