Republic of the Philippines
CAGAYAN STATE UNIVERSITY
CARIG CAMPUS
Palm St., CSU Carig Compound, Carig Sur
Tuguegarao City, Cagayan 3500

CAMPUS PLANNING AND DEVELOPMENT OFFICE

APPENDIX I

ACTIVITY EVALUATION

Republic of the Philippines
CAGAYAN STATE UNIVERSITY
CARIG CAMPUS
Palm St., CSU Carig Compound, Carig Sur
Tuguegarao City, Cagayan 3500

CAMPUS PLANNING AND DEVELOPMENT OFFICE

ACTIVITY EVALUATION REPORT

The following presents the summary of the evaluation for the CSU-Carig Campus 2024 Operational Planning.

THE PROGRAM	MEAN	REMARKS
A. The activity was relevant to me.	4.88	SA
B. The activity met the stated objectives.	4.88	SA
C. The activity met my expectation /s.	4.86	SA
D. The activity met my learning objectives.	4.90	SA
E. I was able to interact with other participants.	4.90	SA
F. The activity was credible and non-biased.	4.94	SA
G. There was adequate time.	4.82	SA
H. The activity will help in the improvement of my performance of duties.	4.88	SA
I. I would recommend this activity to other employees.	4.86	SA
J. I would like to have another activities/seminar relevant to this topic.	4.94	SA
K. Workshop/Seminar Activities were relevant to discussion.	4.86	SA
Mean	**4.88**	**SA**
SPEAKER		
A. Discussion was consistent with stated objectives.	4.86	SA
B. Information imparted was relevant to practice.	4.86	SA
C. Used the time allotted for the seminar judiciously.	4.84	SA
D. Encouraged active participation from participants.	4.90	SA
E. Provided activities/workshop.	4.92	SA
Mean	**4.88**	**SA**
FACILITATORS		
A. Attended to participants' needs	4.94	SA
B. Always available for technical inputs	4.86	SA
C. Knowledgeable about the activity	4.88	SA
D. Provided encouragement/motivation for quality	4.92	SA
Mean	**4.90**	**SA**
VENUE AND FOOD/SNACKS		
Comfortable and provided adequate space	4.48	SA
Appropriate for the event	4.44	SA
The venue provided adequate amenities	4.28	SA
The food was great.	3.82	A
Mean	**4.26**	**SA**
GRAND MEAN	**4.73**	**SA**

Comments/Suggestions:
Describe two particularly strong features of this program:
Knowledge imparted and Camaraderie developed.
Participants were able to engage with each other.
Discussed the targets of each office.
Able to execute strategies to meet the objectives.

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CAMPUS PLANNING AND DEVELOPMENT OFFICE

Activity will improve individuals' performance.
Gives more insight and understanding on different topics.
Great place and Activities.
Participants enjoyed in accomplishing their outputs.
All objectives are clear.
The program is flexible.

***Basis for rating**

Strongly Agree (SA)	*4.3 – 5*
Agree (A)	*3.5 – 4.2*
Neutral (N)	*2.7 – 3.4*
Disagree (D)	*1.9 – 2.6*
Strongly Disagree (SD)	*1 – 1.8*

It can be gleaned from the table that the participants have positive remarks about the conduct of the activity. The program (4.88) was regarded relevant (4.88) and credible (4.94) and will surely help them improve their performance of duties in their respective offices or units (4.88).

Moving on, the resource speaker for the activity have imparted relevant information (4.86) and they allowed everyone to actively participate (4.90). Workshops and activities were also conducted (4.92).

On the other hand, facilitators also received positive remarks. The participants regarded them as very attentive to their needs (4.94) and they shared motivation to them (4.92). Finally, adequate amenities were provided (4.28) and the food served was also appreciated (3.82).

Over all, the activity was positively rated by the participants (4.73). One participant commented that the activity was able to execute strategies to meet the objectives. Another remarked that participants enjoyed in accomplishing their outputs that will improve individuals' performance while another commended that the activity promoted camaraderie.

Recommendations made include conduct of more sessions alike to the activity.

Prepared by:

Engr. Rafael Irorita
Project Development Officer

ROGER B. MAGUSIB JR
Planning Officer II

Reviewed and Attested by:

RIO AVERIL C. PAMITTAN, MAEd 06/30/2024
Campus Planning and Quality Assurance Officer

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CARIG CAMPUS
Palm St., CSU Carig Compound, Carig Sur
Tuguegarao City, Cagayan 3500

CAMPUS PLANNING AND DEVELOPMENT OFFICE

ACTIVITY EVALUATION REPORT

The following presents the summary of the evaluation for the CSU-Carig Campus 2024 Operational Planning.

THE PROGRAM	MEAN	REMARKS
A. The activity was relevant to me.	4.88	SA
B. The activity met the stated objectives.	4.88	SA
C. The activity met my expectation /s.	4.86	SA
D. The activity met my learning objectives.	4.90	SA
E. I was able to interact with other participants.	4.90	SA
F. The activity was credible and non-biased.	4.94	SA
G. There was adequate time.	4.82	SA
H. The activity will help in the improvement of my performance of duties.	4.88	SA
I. I would recommend this activity to other employees.	4.86	SA
J. I would like to have another activities/seminar relevant to this topic.	4.94	SA
K. Workshop/Seminar Activities were relevant to discussion.	4.86	SA
Mean	**4.88**	**SA**
SPEAKER		
A. Discussion was consistent with stated objectives.	4.86	SA
B. Information imparted was relevant to practice.	4.86	SA
C. Used the time allotted for the seminar judiciously.	4.84	SA
D. Encouraged active participation from participants.	4.90	SA
E. Provided activities/workshop.	4.92	SA
Mean	**4.88**	**SA**
FACILITATORS		
A. Attended to participants' needs	4.94	SA
B. Always available for technical inputs	4.86	SA
C. Knowledgeable about the activity	4.88	SA
D. Provided encouragement/motivation for quality	4.92	SA
Mean	**4.90**	**SA**
VENUE AND FOOD/SNACKS		
Comfortable and provided adequate space	4.48	SA
Appropriate for the event	4.44	SA
The venue provided adequate amenities	4.28	SA
The food was great.	3.82	A
Mean	**4.26**	**SA**
GRAND MEAN	**4.73**	**SA**

Comments/Suggestions:

Describe two particularly strong features of this program:

Knowledge imparted and Camaraderie developed.
Participants were able to engage with each other.
Discussed the targets of each office.
Able to execute strategies to meet the objectives.

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CARIG CAMPUS
Palm St., CSU Carig Compound, Carig Sur
Tuguegarao City, Cagayan 3500

CAMPUS PLANNING AND DEVELOPMENT OFFICE

Activity will improve individuals' performance.
Gives more insight and understanding on different topics.
Great place and Activities.
Participants enjoyed in accomplishing their outputs.
All objectives are clear.
The program is flexible.

***Basis for rating**

Strongly Agree (SA)	*4.3 – 5*
Agree (A)	*3.5 – 4.2*
Neutral (N)	*2.7 – 3.4*
Disagree (D)	*1.9 – 2.6*
Strongly Disagree (SD)	*1 – 1.8*

It can be gleaned from the table that the participants have positive remarks about the conduct of the activity. The program (4.88) was regarded relevant (4.88) and credible (4.94) and will surely help them improve their performance of duties in their respective offices or units (4.88).

Moving on, the resource speaker for the activity have imparted relevant information (4.86) and they allowed everyone to actively participate (4.90). Workshops and activities were also conducted (4.92).

On the other hand, facilitators also received positive remarks. The participants regarded them as very attentive to their needs (4.94) and they shared motivation to them (4.92). Finally, adequate amenities were provided (4.28) and the food served was also appreciated (3.82).

Over all, the activity was positively rated by the participants (4.73). One participant commented that the activity was able to execute strategies to meet the objectives. Another remarked that participants enjoyed in accomplishing their outputs that will improve individuals' performance while another commended that the activity promoted camaraderie.

Recommendations made include conduct of more sessions alike to the activity.

Prepared by:

Engr. Rafael Iborita
Project Development Officer

ROGER B. MAGUSIB JR
Planning Officer II

Reviewed and Attested by:

RIO AVERIL C. PAMITTAN, MAEd
Campus Planning and Quality Assurance Officer

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Tuguegarao City 3500, Cagayan, Philippines

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Estel Ramboanga Campus: CARIG
Designation: FS Coord Signature:
Title of Seminar: CSM CARIG OPERATIONAL PLANNING 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space			✓		
Appropriate for the event			✓		
The venue provided adequate amenities			✓		
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:

1.
2.

Describe two particularly strong recommendations for the improvement of this activity:

1.
2.

Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Norman Clarence L. Lacam Campus: Carig
Designation: Dean, College of Law Signature:
Title of Seminar: Operations Planning
Date: May 27-29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space			✓		
Appropriate for the event				✓	
The venue provided adequate amenities		✓			
The food was great.			✓		

COMMENTS:

Describe two particularly strong features of this program:
1. The knowledge imparted
2. The camaraderie developed

Describe two particularly strong recommendations for the improvement of this activity:
1. Less use of Abbreviations (CMO, PAP, etc)
2. WIFI

Other Remarks and Suggestions:
WIFI. ↓

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Charmie Calo Campus: Carig
Designation: TVET Coordinator Signature:
Title of Seminar: Strategic Planning
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1.
2.

Describe two particularly strong recommendations for the improvement of this activity:

1.
2.

Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: RALPH REYES Campus: CARIG
Designation: CAMPUS CONSTRUCTION COOR. Signature:
Title of Seminar: OPERATIONAL PLANNING 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.				✓	
The activity met my expectation /s.				✓	
The activity met my learning objectives.				✓	
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.				✓	
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.				✓	
Used the time allotted for the seminar judiciously.				✓	
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event				✓	
The venue provided adequate amenities			✓		
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: MARIO V. ALARIAO JR. Campus: CARIG
Designation: CAMPUS ARCHITECT Signature:
Title of Seminar:
Date: 05/29/2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.				✓	
The activity was credible and non-biased.					✓
There was adequate time.				✓	
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.				✓	
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.				✓	

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event				✓	
The venue provided adequate amenities				✓	
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation: RDE Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event					✓
The venue provided adequate amenities				✓	
The food was great.			✓		

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Stephen Melad Campus: Carig
Designation: Assistant to the Dean Signature:
Title of Seminar: Operational Planning 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: John Michael C. Pathugalan Campus: CATAG
Designation: Planning Officer I Signature:
Title of Seminar: Operational Planning
Date: May 27-29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities				✓	
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:
1. Participants' were able to engage with each other
2.

Describe two particularly strong recommendations for the improvement of this activity:
1.
2.

Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Ismel Lugo Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Mike Montalbo Campus: Carig Campus
Designation: Admin Aide IV Signature:
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					/
The activity met the stated objectives.					/
The activity met my expectation /s.					/
The activity met my learning objectives.					/
I was able to interact with other participants.					/
The activity was credible and non-biased.					/
There was adequate time.					/
The activity will help in the improvement of my performance of duties.					/
I would recommend this activity to other employees.					/
I would like to have other activities/seminar relevant to this topic.					/
Workshop/Seminar Activities were relevant to discussion.					/

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.				/	
Information imparted was relevant to practice.				/	
Used the time allotted for the seminar judiciously.				/	
Encouraged active participation from participants.				/	
Provided activities/workshop.				/	

FACILITATORS

	1	2	3	4	5
Attended to participants' needs				/	
Always available for technical inputs				/	
Knowledgeable about the activity				/	
Provided encouragement/motivation for quality				/	

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					/
Appropriate for the event					/
The venue provided adequate amenities					/
The food was great.					/

COMMENTS:

Describe two particularly strong features of this program:
1. Draws the people of each office to the building
2.

Describe two particularly strong recommendations for the improvement of this activity:
1.
2.

Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: JOCELYN SORIANO | Campus: CSU CARIG
Designation: G-C-III | Signature:
Title of Seminar: OPERATIONAL PLANNING WORKSHOP
Date: 06-27-29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.				✓	
Information imparted was relevant to practice.				✓	
Used the time allotted for the seminar judiciously.				✓	
Encouraged active participation from participants.				✓	
Provided activities/workshop.				✓	

FACILITATORS

	1	2	3	4	5
Attended to participants' needs				✓	
Always available for technical inputs				✓	
Knowledgeable about the activity				✓	
Provided encouragement/motivation for quality				✓	

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event			✓		
The venue provided adequate amenities				✓	
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:
1. THE RELEVANCE OF THE WITH TOPIC
2. ABLE TO DISCUSS STRATEGIES TO MEET THE OBJECTIVES

Describe two particularly strong recommendations for the improvement of this activity:
1. THE FACILITATIVE SPEAKS NOT MUCH ACTIVE TO ME - IT SHOULD BE
2. ACTIVITY - PLANNING TO THAT WE CAN TRACE A DIRECT ON STRATEGY

Other Remarks and Suggestions:
EQUIPMENT !

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Kristoffer C. Mangussad
Designation: BAC Secretary
Title of Seminar: Operational Planning
Date: May 27-29, 2024
Campus: Carig
Signature:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.				✓	
The activity met the stated objectives.				✓	
The activity met my expectation /s.				✓	
The activity met my learning objectives.				✓	
I was able to interact with other participants.				✓	
The activity was credible and non-biased.				✓	
There was adequate time.				✓	
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.				✓	

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.				✓	
Information imparted was relevant to practice.				✓	
Used the time allotted for the seminar judiciously.				✓	
Encouraged active participation from participants.				✓	
Provided activities/workshop.				✓	

FACILITATORS

	1	2	3	4	5
Attended to participants' needs				✓	
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality				✓	

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event				✓	
The venue provided adequate amenities			✓		
The food was great.			✓		

COMMENTS:

Describe two particularly strong features of this program:
1. Relevant
2.

Describe two particularly strong recommendations for the improvement of this activity:
1. 100% attendance and participation
2. ample time must be provided for each section

Other Remarks and Suggestions:
Separate sessions for each section must be conducted.

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Divina Gana | Campus: Carig
Designation: _____ | Signature: _____
Title of Seminar: OPERATIONAL PLANNING 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Linda [illegible] Campus: Carig
Designation: _____ Signature: _____
Title of Seminar: OPERATIONAL PLANNING 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.				✓	
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Mavin Q. Umacay Campus: Carig
Designation: MIS coordinator Signature:
Title of Seminar: Operational planning
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: DANIEL T. CANSAN Campus: CAPUL CAMPUS
Designation: OIC CAMPUS SPORTS COORD. Signature:
Title of Seminar: ORIENTATION SEMINAR 2024
Date: 04-27-29 24

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:
1. IT CATERS TO THE NEEDS OF THE OFFICES
2. THE PROGRAM IS WELL ORGANIZED AND PREPARED

Describe two particularly strong recommendations for the improvement of this activity:
1.
2.

Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Gerby John Reyes
Designation: _____
Campus: Carig
Signature: _____
Title of Seminar: Operational Planning 2024
Date: May 27-29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.				✓	
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.				✓	
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs				✓	
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event				✓	
The venue provided adequate amenities				✓	
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:
1. activity will improve individual's performance.
2. gives more insight and understanding on diff. topics.

Describe two particularly strong recommendations for the improvement of this activity:
1. _____
2. _____

Other Remarks and Suggestions:
NONE

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Patricia Enge Campus: CANG
Designation: Records Officer Signature:
Title of Seminar:
Date: 06-27-29 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1.
2.

Describe two particularly strong recommendations for the improvement of this activity:

1.
2.

Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Jayvic C. Tolentino Campus:
Designation: Admin Asst. II Signature:
Title of Seminar: Operational planning 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space			✓		
Appropriate for the event				✓	
The venue provided adequate amenities					✓
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:
1. The place was great
2. Great Activitie

Describe two particularly strong recommendations for the improvement of this activity:
1. Time management
2. More games

Other Remarks and Suggestions:
One of the food that is served had a sly

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Jomel B. Manuel Campus: Carig
Designation: Dean, CHMS Signature:
Title of Seminar: Operational Planning 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:
Regular conduct of the seminar

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: EMER T. QUEZON Campus: Carig
Designation: CDRRO Signature:
Title of Seminar: STRAT PLAN (Operational Planning 2024)
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event					✓
The venue provided adequate amenities				✓	
The food was great.				✓	

COMMENTS:
Describe two particularly strong features of this program:
1.
2.
Describe two particularly strong recommendations for the improvement of this activity:
1.
2.
Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: BRYAN T. LACAMBRA Campus: CARIG
Designation: College Dean Signature:
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: ANDY CANLAN Campus: CARIG
Designation: DIP CODR Signature:
Title of Seminar: OPERATIONAL PLANNING 2024
Date: May 27-29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					/
The activity met the stated objectives.					/
The activity met my expectation /s.					/
The activity met my learning objectives.					/
I was able to interact with other participants.					/
The activity was credible and non-biased.					/
There was adequate time.					/
The activity will help in the improvement of my performance of duties.					/
I would recommend this activity to other employees.					/
I would like to have other activities/seminar relevant to this topic.					/
Workshop/Seminar Activities were relevant to discussion.					/

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					/
Information imparted was relevant to practice.					/
Used the time allotted for the seminar judiciously.					/
Encouraged active participation from participants.					/
Provided activities/workshop.					/

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					/
Always available for technical inputs					/
Knowledgeable about the activity				/	
Provided encouragement/motivation for quality				/	

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					/
Appropriate for the event					/
The venue provided adequate amenities					/
The food was great.			/		

COMMENTS:

Describe two particularly strong features of this program:

1._____

2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____

2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: MARK ANTHONY IBAÑEZ Campus: CARIG
Designation: CAMPUS EE Signature:
Title of Seminar: OPERATIONAL PLANNING
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space			✓		
Appropriate for the event			✓		
The venue provided adequate amenities			✓		
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: ORESTUDY P. POLINAYAO Campus: CARIG
Designation: College Dean Signature:
Title of Seminar: OPERATIONAL PLANNING
Date: May 27-29, 2024

Strongly Disagree -1 | Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space			✓		
Appropriate for the event			✓		
The venue provided adequate amenities			✓		
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Mac Laguna Campus: Carig
Designation: CAO Signature:
Title of Seminar: Operational Plan 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.			✓		

COMMENTS:

Describe two particularly strong features of this program:

1.
2.

Describe two particularly strong recommendations for the improvement of this activity:

1.
2.

Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: ALVARADO, ANGELIN E | Campus: CARIG
Designation: DEAN - COM | Signature:
Title of Seminar:
Date: MAY 29, 2024

Strongly Disagree -1 **Disagree -2** **Neutral-3** **Agree - 4** **Strongly Agree - 5**

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.				✓	
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.				✓	
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: TEJADA, JIANNE M. Campus: CARIG

Designation: PROG. COOR. - CON Signature:

Title of Seminar: OPERATIONAL PLANNING 2024

Date: MAY 27-29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.				✓	more
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.				✓	
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: Rodina R. Espinosa Campus: Carig
Designation: Dean Signature:
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.				✓	
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:
1. Participation was maximized
2. It achieved its purpose of team building

Describe two particularly strong recommendations for the improvement of this activity:
1.
2.

Other Remarks and Suggestions:
Let us do this more

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: KARLA MAE MASIPAC Campus: CARIC
Designation: /Position: PROF. I/SPECIALIST Signature:
Title of Seminar: OPERATIONAL PLANNING 2024
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.				✓	
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event				✓	
The venue provided adequate amenities			✓		
The food was great.			✓		

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar: Strategic Planning
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:
1. flexible time
2.

Describe two particularly strong recommendations for the improvement of this activity:
1.
2. more on TM

Other Remarks and Suggestions: great, enjoyable

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.				✓	
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.				✓	

COMMENTS:

Describe two particularly strong features of this program:
1. Participants enjoyed in accomplishing their outputs
2. " " competing actively w/ one another

Describe two particularly strong recommendations for the improvement of this activity:
1. It is strongly recommended that admin.
2. channels down the same strategic planning to the colleges.

Other Remarks and Suggestions:

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus: Carig

Designation:_____ Signature:_____

Title of Seminar: Orientation Training

Date: 5/27 - 29 / 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.				✓	
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.			*		✓
The activity will help in the improvement of my performance of duties.				✓	
I would recommend this activity to other employees.				✓	
I would like to have other activities/seminar relevant to this topic.				✓	
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:

1._____

2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____

2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar: Operational Planning 2024
Date: May 27-29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.				✓	
The activity met my expectation /s.				✓	
The activity met my learning objectives.				✓	
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.				✓	

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event				✓	
The venue provided adequate amenities				✓	
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: _____ Campus: Carig
Designation: _____ Signature: _____
Title of Seminar:
Date: May 29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.				✓	
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs				✓	
Knowledgeable about the activity				✓	
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM	1	2	3	4	5
The activity was relevant to me.					/
The activity met the stated objectives.					/
The activity met my expectation /s.					/
The activity met my learning objectives.					/
I was able to interact with other participants.					/
The activity was credible and non-biased.					/
There was adequate time.					/
The activity will help in the improvement of my performance of duties.					/
I would recommend this activity to other employees.					/
I would like to have other activities/seminar relevant to this topic.					/
Workshop/Seminar Activities were relevant to discussion.					/

SPEAKER	1	2	3	4	5
Discussion was consistent with stated objectives.					/
Information imparted was relevant to practice.					/
Used the time allotted for the seminar judiciously.					/
Encouraged active participation from participants.					/
Provided activities/workshop.					/

FACILITATORS	1	2	3	4	5
Attended to participants' needs					/
Always available for technical inputs					/
Knowledgeable about the activity					/
Provided encouragement/motivation for quality					

VENUE AND FOOD/SNACKS:	1	2	3	4	5
Comfortable and provided adequate space					/
Appropriate for the event					/
The venue provided adequate amenities					/
The food was great.					/

COMMENTS:
Describe two particularly strong features of this program:
1._____
2._____
Describe two particularly strong recommendations for the improvement of this activity:
1._____
2._____
Other Remarks and Suggestions:
Same my college that planning for organizing GAWAD LAST YEAR

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

Thanks A LOT PO CSU - SCHOLARSHIP

I BELONG CSU -

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: FERDINAND SENLAN | Campus: CARIC
Designation: DRIVER | Signature:
Title of Seminar: OPERATIONAL MANAGEMENT PLANNING
Date: MAY 27-29, 2024

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator: RONEL C. LIBAN Campus: CSU / CARIG
Designation: DRIVER Signature:
Title of Seminar: OPERATIONAL MANAGEMENT PLANNING
Date: MAY, 27, 28, 29

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities					✓
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1. _____
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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COMMENTS:
Describe two particularly strong features of this program:
1. _____
2. _____
Describe two particul

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.				✓	
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.				✓	
The activity was credible and non-biased.					✓
There was adequate time.				✓	
The activity will help in the improvement of my performance of duties.				✓	
I would recommend this activity to other employees.				✓	
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.				✓	
Used the time allotted for the seminar judiciously.				✓	
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs				✓	
Knowledgeable about the activity				✓	
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event				✓	
The venue provided adequate amenities				✓	
The food was great.					✓

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.				✓	
I was able to interact with other participants.					✓
The activity was credible and non-biased.				✓	
There was adequate time.				✓	
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.				✓	
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.				✓	

SPEAKER	1	2	3	4	5
Discussion was consistent with stated objectives.				✓	
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.				✓	

FACILITATORS	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event				✓	
The venue provided adequate amenities				✓	
The food was great.					✓

COMMENTS:
Describe two particularly strong features of this program:
1._____
2._____
Describe two particularly strong recommendations for the improvement of this activity:
1._____
2._____
Other Remarks and Suggestions:
_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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UNIVERSITY TRAINING AND SCHOLARSHIP OFFICE

Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					/
The activity met the stated objectives.				/	
The activity met my expectation /s.				/	
The activity met my learning objectives.					/
I was able to interact with other participants.				/	
The activity was credible and non-biased.					/
There was adequate time.					/
The activity will help in the improvement of my performance of duties.				/	
I would recommend this activity to other employees.					/
I would like to have other activities/seminar relevant to this topic.				/	
Workshop/Seminar Activities were relevant to discussion.				/	

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					/
Information imparted was relevant to practice.					/
Used the time allotted for the seminar judiciously.				/	
Encouraged active participation from participants.					/
Provided activities/workshop.					/

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					/
Always available for technical inputs				/	
Knowledgeable about the activity					/
Provided encouragement/motivation for quality					/

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					/
Appropriate for the event				/	
The venue provided adequate amenities				/	
The food was great.				/	

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
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Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.				✓	
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.				✓	

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space			✓		
Appropriate for the event			✓		
The venue provided adequate amenities		✓			
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.				✓	
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.				✓	
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.				✓	

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.				✓	
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.				✓	
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space			✓		
Appropriate for the event			✓		
The venue provided adequate amenities			✓		
The food was great.			✓		

COMMENTS:

Describe two particularly strong features of this program:

1. All objectives are clear.
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.				✓	
Information imparted was relevant to practice.				✓	
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event				✓	
The venue provided adequate amenities			✓		
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.				✓	
The activity met the stated objectives.				✓	
The activity met my expectation /s.					✓
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.				✓	
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.				✓	
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.				✓	
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.				✓	
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs				✓	
Knowledgeable about the activity				✓	
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space			✓		
Appropriate for the event			✓		
The venue provided adequate amenities			✓		
The food was great.			✓		

COMMENTS:

Describe two particularly strong features of this program:

1. The program is flexible
2. _____

Describe two particularly strong recommendations for the improvement of this activity:

1. _____
2. _____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.				✓	
The activity met the stated objectives.				✓	
The activity met my expectation /s.				✓	
The activity met my learning objectives.					✓
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.				✓	
The activity will help in the improvement of my performance of duties.				✓	
I would recommend this activity to other employees.					✓
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.				✓	
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space					✓
Appropriate for the event					✓
The venue provided adequate amenities				✓	
The food was great.		✓			

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

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Thank you!

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Activity Evaluation Form

Name of Evaluator:_____ Campus:_____
Designation:_____ Signature:_____
Title of Seminar:
Date:

Strongly Disagree -1 Disagree -2 Neutral-3 Agree - 4 Strongly Agree - 5

THE PROGRAM

	1	2	3	4	5
The activity was relevant to me.					✓
The activity met the stated objectives.					✓
The activity met my expectation /s.					✓
The activity met my learning objectives.				✓	
I was able to interact with other participants.					✓
The activity was credible and non-biased.					✓
There was adequate time.					✓
The activity will help in the improvement of my performance of duties.					✓
I would recommend this activity to other employees.				✓	
I would like to have other activities/seminar relevant to this topic.					✓
Workshop/Seminar Activities were relevant to discussion.					✓

SPEAKER

	1	2	3	4	5
Discussion was consistent with stated objectives.					✓
Information imparted was relevant to practice.					✓
Used the time allotted for the seminar judiciously.					✓
Encouraged active participation from participants.					✓
Provided activities/workshop.					✓

FACILITATORS

	1	2	3	4	5
Attended to participants' needs					✓
Always available for technical inputs					✓
Knowledgeable about the activity					✓
Provided encouragement/motivation for quality					✓

VENUE AND FOOD/SNACKS:

	1	2	3	4	5
Comfortable and provided adequate space				✓	
Appropriate for the event			✓		
The venue provided adequate amenities				✓	
The food was great.			✓		

COMMENTS:

Describe two particularly strong features of this program:

1._____
2._____

Describe two particularly strong recommendations for the improvement of this activity:

1._____
2._____

Other Remarks and Suggestions:

_____

Please rest assured that your evaluation shall be treated with confidentiality and only for the improvement of our activities.
Thank you!

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Republic of the Philippines
CAGAYAN STATE UNIVERSITY
CARIG CAMPUS
Palm St., CSU Carig Compound, Carig Sur
Tuguegarao City, Cagayan 3500

OFFICE OF THE CAMPUS EXECUTIVE OFFICER

RELEASED
DATE: 7/4/24
TIME: 11:20 AM
BY:

VISION
CSU is a University with global stature in the arts, culture, agriculture and fisheries, the sciences as well as technological and professional fields.

MISSION
Cagayan State University shall produce globally competent graduates through excellent instruction, innovative and creative research, responsive public service and productive industry and community engagement.

CORE VALUES
Competence
- Critical Thinker
- Creative Problem - Solver
- Competitive Performer: Nationally, Regionally and Globally.

Social Responsibility
- Sensitive to Ethical Demands
- Steward of the Environment for Future Generations
- Social Justice and Economic Equity Advocate.

Unifying Presence
- Uniting Theory and Practice
- Uniting Strata of Society
- Unifying the Nation, the ASEAN Region and the world
- Uniting the University and the community.

OFFICE ORDER
No. OCEO-25006-OO-2024-07-202
July 04, 2024

AUTHORITY TO CLAIM PRIZES DURING THE CAMPUS OPERATIONAL PLANNING 2024

The following team representatives are hereby authorized to claim, on behalf of their team, their team prizes won during the Team Building Activities held as part of the Campus 2024 Operational Planning in Pagudpud, Ilocos Norte on May 27-29, 2024:

Name/s	Event/s	Prize/s	Total Prize
Bryan T. Lacambra (Yellow Gold Team)	Gold (Tower Building) Bronze (Team Drawing)	3, 000.00 1, 000.00	4, 000.00
Crizaldy Binarao (Yellow Team)	Silver (Cheers and Yells) Bronze (Cup Blowing)	2, 000.00 1, 000.00	3, 000.00
Edison Bravo (Peach Team)	Gold (Cheers and Yells) Silver (Tower Building) Silver (Cup Blowing)	3, 000.00 2, 000.00 2, 000.00	7, 000.00
John Michael Pattugalan (Apple Green Team)	Gold (Team Drawing) Gold (Cup Blowing) Bronze (Cheers and Yells)	3, 000.00 3, 000.00 1, 000.00	7, 000.00
Charmaine Masuli (Purple Team)	Silver (Team Drawing)	2, 000.00	2, 000.00
Romar Palattao	Winner (Side x Side)	500.00	500.00

Issued in the best interest of service.

Engr. ROGER P. RUMPON, MS
Campus Executive Officer

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Email Address: campus.info@csucarig.edu.ph
Telephone No.: 078-395-2782 Local No. 014

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