



**University of Puerto Rico  
College of General Studies  
Activity Evaluation**



Professor \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_ (Indicate)

I. PROGRAM/DEPARTMENT	
II. ACTIVITY	
III. TITLE	
IV. PRESENTER/S	
V. DATE/TIME	
VI. PLACE	
VII. COORDINATOR/S	

Your opinion is important to us. Please take some time to evaluate this activity. Circle the number that best describes your opinion about each of the criteria or N/A if the criterion does not apply to the activity.

Criteria	Totally agree	Agree	Neither agree nor disagree	Disagree	Totally disagree	N/A
The presentation contributed to my knowledge.	5	4	3	2	1	N/A
The topics presented were pertinent to my development.	5	4	3	2	1	N/A
The presenter demonstrated mastery of content.	5	4	3	2	1	N/A
The presentation was clear.	5	4	3	2	1	N/A
Time distribution was adequate.	5	4	3	2	1	N/A
The technology used contributed to the presentation.	5	4	3	2	1	N/A
Time allotted for discussion and questions was adequate.	5	4	3	2	1	N/A
The activity's organization was effective.	5	4	3	2	1	N/A
The presentation's objectives were accomplished.	5	4	3	2	1	N/A
This activity met my expectations.	5	4	3	2	1	N/A

**PLEASE WRITE LEGIBLY**

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Suggestions and/or topics for future activities:** \_\_\_\_\_  
 \_\_\_\_\_