



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



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

|                       |  |
|-----------------------|--|
| I. PROGRAM/DEPARTMENT |  |
| II. ACTIVITY          |  |
| III. TITLE            |  |
| IV. RESOURCE/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 activity contributed to my knowledge.                |               |       |                            |          |                  |     |
| The topics presented were pertinent to my development.   |               |       |                            |          |                  |     |
| The presenter/s demonstrated mastery of content.         |               |       |                            |          |                  |     |
| The presentation was clear.                              |               |       |                            |          |                  |     |
| Time distribution was adequate.                          |               |       |                            |          |                  |     |
| The technology used contributed to the presentation.     |               |       |                            |          |                  |     |
| Time allotted for discussion and questions was adequate. |               |       |                            |          |                  |     |
| The activity's organization was effective.               |               |       |                            |          |                  |     |
| The activity's objectives were accomplished.             |               |       |                            |          |                  |     |
| This activity met my expectations.                       |               |       |                            |          |                  |     |

**PLEASE WRITE LEGIBLY**

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

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