

**De La Salle University – Manila**  
**Office of Student Leadership Involvement, Formation and Empowerment**  
**OFF-CAMPUS ACTIVITY REPORT FORM**

Organization: \_\_\_\_\_ Date and time of activity: \_\_\_\_\_  
 Title of activity: \_\_\_\_\_ Venue: \_\_\_\_\_  
 Name of faculty: \_\_\_\_\_ Address of venue: \_\_\_\_\_  
 Department: \_\_\_\_\_

**I. Activity Assessment and Evaluation:**

AREAS	Excellent	Very Good	Good	Fair	Poor
<b>A. FACILITIES</b>					
1. Location					
2. Space and setup					
3. Lighting and ventilation					
4. Equipment					
5. Food and beverage					
<b>B. PROGRAM DESIGN</b>					
1. Meeting program goals/objectives					
2. Methodologies used					
3. Sequence of topics					
<b>C. STUDENT PARTICIPATION</b>					
1. Involvement in activities					
2. Fulfillment of assigned tasks					
3. Following of rules and regulations					
4. Defined leadership functions					
<b>D. SPEAKER / FACILITATOR</b>					
1. Rapport with participants					
2. Clarity of explanation					
3. Keeping sessions alive and interesting					
4. Balance between theory and practice					
5. Mastery of subject matter					
<b>E. SCHEDULE</b>					
<b>F. DURATION OF THE ACTIVITY</b>					
<b>G. GENERAL RATING OF THE ACTIVITY</b>					

II. Critical incidents / problems encountered: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

III. Actions taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IV. Other comments and recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name and signature of faculty

\_\_\_\_\_  
 Date