



Center for Social Concern and Action

University Community Engagement & Development (UCED) Program

PARTNERSHIP FEEDBACK FORM

Period: AY: \_\_\_\_\_ Term: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Instruction: In order to continue improve the quality of our partnership, the DLSU-Center for Social Concern & Action would appreciate you taking time to complete this Partnership Feedback Form. Your comments and suggestions will help us plan future collaborations or engagements. Please answer as truthfully as possible and provide comments/remarks in the space provided. It is best if the persons involved in the partnership are consulted and the group's consolidated response are the ones inputted here. Your organization's honest assessment is very important hence please leave NO item unanswered.

PART 1: NATURE OF THE PARTNERSHIP

- 1. Since when have you been a partner of DLSU-COSCA and/or Student Org? \_\_\_\_\_
2. How did you become a partner of the DLSU-COSCA and/or Student Org?

Empty rectangular box for response to question 2.

- 3. What was/were your organization's objective/s in partnering with DLSU Student Org? What do you hope then to achieve in the partnership?

Empty rectangular box for response to question 3.

PART 2: AREAS OF THE PARTNERSHIP

Instruction: As our partner, recall the different activities/projects/initiatives where your organization and DLSU have collaborated, and assess their impact to your organization and to the sector you are working with. Kindly provide the needed information in the tables below.

- 1. Have you accommodated Deployments of students or faculty/personnel for the last three (3) years?

YES

NO

2. *From these collaborations, how has/had the DLSU-Student Org contributed to your over-all goals as an organization? Please explain briefly.*

**PART 3: RECENT DEPLOYMENT**

1. *Were the objectives of the partnership achieved? In what way/s? Please cite examples.*

2. *What in the recent deployment do you find very positive? Why?*

**3. What is the most challenging? Why?**

**4. Do you still wish to continue the partnership with DLSU Student Org? Please check the box corresponding to your response.  YES  NO. Please explain why. Use the box provided below.**

**5. Other suggestions or recommendations on the partnership.**

**THANK YOU!!!**