

National Statistics Month (NSM) Activity **Evaluation Form**

(To be accomplished by the Participants)

Title of the Activity	_
Organizer	_

Thank you for participating. Please take a few minutes to complete this evaluation form. Your feedback is very important for the improvement of future events/activities.

All the information submitted herein shall be kept confidential and shall be used solely for the purpose stated above to ensure confidentiality of information in this document. Thank you.

Name (Optional) _____

Agency/Organization _____

Region _____

I. Please provide your rating using the below metrics: 5 = Excellent 4 = Very Good 3 = Good

2 = Fair 1 = Poor

	5	4	3	2	1
1. What is your overall rating of the activity?					
2. What is your rating of the following attributes of this statistical activity?					
a. Program					
b. Presentations					
c. Presenters/Speakers					
d. Time Management					
e. Coordination/Secretariat Support					

II. Please provide your rating using the below metrics:

5 =Strongly Agree 4 =Agree 3 = Neither Agree 2 = Disagree 1 = Strongly Disagree nor Disagree

	5	4	3	2	1
3. What are your insights in the following aspects?					
a. The statistical activity is aligned with the NSM theme, i.e., "Boosting the Country's Recovery with Informed Decisions, Better Policies."					
b. The objectives of the statistical activity were clearly conveyed					
 c. The statistical activity achieved the objectives of the NSM, i.e., 1) promote, enhance and instill awareness and appreciation of the importance and value of statistics to the different sectors of society; and 2) to elicit the cooperation and support of the general public in upgrading the quality and standards of statistics in the country 					

4. What are your comments or recommendations for this activity?