**ACTIVITY REPORT**

**Executive Summary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TITLE OF ACTIVITY |  | | | | | |
| INCLUSIVE DATE(S) |  | | | | | |
| VENUE |  | | | | | |
| AMOUNT/PERSON/DAY |  | | | | | |
| TYPE OF TRAINING | LIVE-IN |  | LIVE OUT |  | DURATION |  |
| FUND SOURCE |  | | | | | |

1. **PARTICIPANTS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OFFICE | Physicians | | Nurses | | Other Profession | | Total | |
| Male | Female | Male | Female | Male | Female | Male | Female |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **BACKGROUND**
2. **HIGHLIGHTS**
3. **AGREEMENTS AND RECOMMENDATIONS**

|  |  |
| --- | --- |
| Issues and Concerns | Recommendations/Agreements |
|  |  |
|  |  |
|  |  |

1. **COURSE EVALUATION**
2. About the Workshop/Training

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **SA** | **%** | **A** | **%** | **DA** | **%** | **SD** | **%** | **Total No. of Respondents** |
| 1. The activity met my expectations |  |  |  |  |  |  |  |  |  |
| 1. The general objectives for each topic were covered |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SA** | **%** | **A** | **%** | **DA** | **%** | **SD** | **%** | **Total No. of Respondents** |
| 1. The content was organized and easy to follow |  |  |  |  |  |  |  |  |  |
| 1. The facilitator/resource person was knowledgeable |  |  |  |  |  |  |  |  |  |
| 1. Activity participation and interaction were encouraged |  |  |  |  |  |  |  |  |  |
| 1. Adequate time was provided for questions and discussions |  |  |  |  |  |  |  |  |  |

**SA** – Strongly Agree **A** – Agree **DA** – Disagree **SD** – Strongly Disagree

1. Logistical Arrangement/Facilitators/Secretariat

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | **E** | **%** | **G** | **%** | **A** | **%** | **P** | **%** | **N** | **%** | **Total No. of Respondents** |
| 1. Venue |  |  |  |  |  |  |  |  |  |  |  |
| 1. Food |  |  |  |  |  |  |  |  |  |  |  |
| 1. Secretariat |  |  |  |  |  |  |  |  |  |  |  |
| 1. Facilitators |  |  |  |  |  |  |  |  |  |  |  |
| 1. Handout quality |  |  |  |  |  |  |  |  |  |  |  |
| 1. Quality of lodging arrangements |  |  |  |  |  |  |  |  |  |  |  |

**E** – Excellent **G** – Good **A** – Average **P** – Poor **N** – N/A

1. Overall Assessment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Very Good** | **%** | **Good** | **%** | **Average** | **%** | **Poor** | **%** | **No. of Respondents** |
|  |  |  |  |  |  |  |  |  |

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