|  |  |
| --- | --- |
| http://www.sjc.edu.hk/download/badge_bw_400x456.jpg | I:\SJC\Admin\ECA\Logo\black.jpgSt. Joseph's College  Form D  Extra-curricular Activities Committee  Evaluation Form for internal events |

**Part I: Details of Function**

|  |  |
| --- | --- |
| Title |  |
| Organizing Body |  |
| Date / Period |  |
| Time |  |

**Part II: Evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The Performance of Club Committee | | Poor | Fair | Good | Excellent | Not Applicable |
|  | Responsibilities |  |  |  |  |  |
|  | Administration |  |  |  |  |  |
|  | Punctuality |  |  |  |  |  |
|  | Communication with TIC |  |  |  |  |  |
|  | Communication among themselves |  |  |  |  |  |
|  | Any additional comments about the club committee |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity | | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|  | The objective of the activity was achieved. |  |  |  |  |  |
|  | The activity meets your expectation |  |  |  |  |  |
| 1. S | Students were highly participated. |  |  |  |  |  |
|  | The club has its meeting, activities and events planned well in advance. |  |  |  |  |  |
|  | The venue has been booked in advance. |  |  |  |  |  |
|  | The school premises have been booked in advance. |  |  |  |  |  |
|  | Promotion (e.g. posters, video, Facebook) was effective. |  |  |  |  |  |
|  | What recommendations would you make for improving this activity? |  | | | | |

Do you recommend your club to conduct this activity again?  Yes  No

**Part III: Photos\***

|  |
| --- |
| Attach 2 photos of activities. |
|  |

*\*Please also ask your TIC to save the photos under*

*S:\00 Administration Folders\Adm 17 School Photos\2018-2019*

**Part IV: Summary**

|  |
| --- |
| Write an article about 50 words to summarize the event that you have organized. |
|  |

Signed by,

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Student Name][Class][No.]  Student-in-Charge | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Teacher Name]  Teacher-in-Charge |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yeung Rani  ECA Secretary | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tam C Y  ECA Master |

***Please send this evaluation form to Mr Tam C Y for record within ONE week after the activity.***