



TERMINAL REPORT FORM

A. ACTIVITY PROFILE

Title of Activity : _____

Date Conducted : _____

Venue : _____

Type of Participants : _____

No. of Participants : _____

B. OBJETIVES OF THE ACTIVITY

The activity aims to achieve the following:

C. HIGHLIGHTS

**D. ASSESSMENT (Please see attached evaluation instrument)
to be given by a third party**

E. RECOMMENDATION

Prepared by:

Unit Head Extension Services

Noted by:

Name/Position