

Republic of the Philippines Bicol University

EXTENSION MANAGEMENT DIVISION



HERRC Building, BU East Campus, EM's Barrio, 4500 Legazpi City Email: buemd@bicol-u.edu.ph

CLIENT SATISFACTION FEEDBACK FORM

Activity/Project:		
Date:		
Locale:		
Name of Client:		

A. How would you rate the event/program speakers/facilitators?

	(5)	(4)	(3)	(2)	(1)
	Far exceeded my expectation/	Exceeded my expectation/	Fulfilled all my expectation	Fulfilled some of my expectation/	Failed to meet my expectations/
	(Sobra-sobrang umayon sa aking inaasahan)	(Humigit na umayon sa aking inaasahan) Very	(Lahat ay umayon sa aking inaasahan)	(Konti lang ang umayon sa aking inaasahan)	(Hindi umaayon sa aking inaasahan)
	Outstanding	satisfactory	Satisfactory	Unsatisfactory	Poor
1. Name #1					
2. Name #2					
3. Name #3					

B. How would you rate the following aspects of the event? Please check $[\checkmark]$ the column that best describes the following variables:

	(5)	(4)	(3)	(2)	(1)
	Far exceeded my expectation/	Exceeded my expectation/	Fulfilled all my expectation	Fulfilled some of my expectation/	Failed to meet my expectations/
	umayon sa aking inaasahan)	(Humigit na umayon sa aking inaasahan) Very	(Lahat ay umayon sa aking inaasahan)	(Konti lang ang umayon sa aking inaasahan)	(Hindi umaayon sa aking inaasahan)
	Outstanding	satisfactory	Satisfactory	Unsatisfactory	Poor
1. The location					
The food/catering services (if applicable)					
The activities at the event					
The client service at the event					
5. The contribution of the activity to community development					
The capability of BU to operationalize the activity					
7. Over-all evaluation of this activity					

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C. Additional suggestions/comment/inquiry (things you appre should be improved)	ciate most, significant learnings, things that
	(Name of Participant)