**INSTITUTE OF HUMAN NUTRITION AND FOOD**

**COLEGE OF HUMAN ECOLOGY**

**UNIVERSITY OF THE PHILIPPINES LOS BAÑOS**

**COLLEGE, LAGUNA 4031 Telefax No. (063-049)536-2445**

**PHILIPPINES Tel No. (063-049) 536-2364**

**EVALUATION FORM**

(Advisory/Technical Services)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Civil Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency/Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.:\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the service provided based on the following criteria using the scale of 1 to 5 (5 being the highest score and 1 is the lowest)

Comments/Suggestions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Criteria\* | 1  (Needs Improvement) | 2  (Fair) | 3  (Good) | 4  (Better) | 5  (Excellent) |
| 1. Is the service rendered addressing my need(s)? |  |  |  |  |  |
| 1. Is the service request responded the minimum time expected? |  |  |  |  |  |
| 1. Is the time allotted appropriate for the service provided? |  |  |  |  |  |
| 1. Over-all rating |  |  |  |  |  |

\* Note: For IHNF use only (Best -5. Better-4; Good-2-3; Needs Improvement -1)

How long did it take for our

Office to respond to your

request? (Pls .take note of \_\_\_\_\_\_\_\_\_\_\_\_

the first contact made by Within the day The next day 2 days after Others (specify)

our office)

***Thank you very much!***