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| **FICHA DE ACTIVIDAD** | | | | | |
| FECHA |  | | | | | |
| PERSONA A CARGO |  | | | | | |
| INSTITUCIÓN EDUCATIVA |  | SI |  | NO | NOMBRE: | |
| DIRECCIÓN |  | | | | | |
| N° TELEFONO |  | | | | | |
| E-MAIL: |  | | | | | |

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| **INFORMACIÓN GENERAL DE LA CAPACITACIÓN** | | | | | | | | | | | | | | | | | |
| ACTIVIDAD REALIZADA |  | | | | | | | | | | | | | | | | |
| CAPACITADOR |  | | | | | | | | | | | | | | | | |
| N° DE ASISTENTES |  | | | | | | | | | | | | | | | | |
| EDAD PROMEDIO | Entre: |  | 3-6 |  | 6-8 |  | 8-10 |  | 10-13 | |  | 13-15 | |  | | 15-17 | |
| |EXCELENTE 5 | BUENO 4 | REGULAR 3 | MALO 2 | PESIMO 1| NO APLICA N/A| | | | | | | | | | | | | | | | | | |
| **CALIFIQUE: ORGANIZACIÓN Y DESARROLLO DEL EVENTO** | | | | | | | | | | **5** | **4** | **3** | **2** | | **1** | | **N/A** |
| 1. La atención y trato recibido | | | | | | | | | |  |  |  |  | |  | |  |
| 2. Los medios audiovisuales utilizados | | | | | | | | | |  |  |  |  | |  | |  |
| 3. La temática propuesta es pertinente | | | | | | | | | |  |  |  |  | |  | |  |
| 4. El logro de los objetivos se cumplió | | | | | | | | | |  |  |  |  | |  | |  |
| 5. La metodología utilizada fue: | | | | | | | | | |  |  |  |  | |  | |  |
| 6. El desempeño de los expositores | | | | | | | | | |  |  |  |  | |  | |  |
| 7. En términos generales como califica la capacitación recibida | | | | | | | | | |  |  |  |  | |  | |  |
| **OBSERVACIONES Y/O SUGERENCIA:** | | | | | | | | | | | | | | | | | |
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Firma Persona a Cargo