**Form 2: Organization Members**

***To the organization officers:***

Form 2 is the second component of the revised student organization evaluation system. Each item contained herein is intended for organization members. Please gather 30% of your **active** members and ask them to accomplish this form (1 form per member). Reproduce this form (number of copies equivalent to 30% of your active members) and distribute to selected respondents. It is recommended that you choose members who have wide knowledge about your organization. Collect accomplished forms and submit to OSA-SACDEV not later than the deadline. Please place accomplished forms in one long brown envelope with your organization’s name on it.

***To the respondent/ organization member:***

This is a survey that will help OSA-SACDEV assess the over-all efficacy of your organization this school year. Your honest and objective responses to the following statements will greatly contribute to the attainment of the objectives of this survey. **Please use the scale below to rate how well your organization satisfies the given statements. Mark the box corresponding to the rating you have chosen with an “X”. Please do not leave any field blank nor write NA, unless stated.** For specially-marked items with “**║**,” please provide the information asked.

***Rating Scale:***

|  |  |  |
| --- | --- | --- |
| **5** | ***Exemplary*** | Task/ condition is performed at all times; commendable and effective |
| **4** | ***Advanced*** | Task/ condition is performed most of the time; competent with minimal supervision required |
| **3** | ***Improved*** | Task/ condition is performed sometimes; occasional supervision is required |
| **2** | ***Basic*** | Task/ condition is seldom performed; needs constant supervision |
| **1** | ***Deficient*** | Task/ condition is rarely performed |

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| **Name of Organization:** (Please write your organization’s name here. Acronym will do.) | |
| **Course and Year:** | **Date of Evaluation:** |

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| **Part A: Organizational Development** |

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| 1. **Organization and Structure** | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** |
| * 1. The organization is able to publicize, communicate, and make its members understand its mission and vision. |  |  |  |  |  |
| * 1. The organization is able to translate its vision and mission into concrete projects. |  |  |  |  |  |
| * 1. The organization inspires members to actively participate in its activities in accordance with its mission and vision. |  |  |  |  |  |
| * 1. The organization is able to promote the spirit of volunteerism and nation-building. |  |  |  |  |  |
| * 1. The organization guided by its vision and mission is able to address student needs. |  |  |  |  |  |

**║ PAUSE!** *For item 1.1:*How did you learn your organization’s thrust or vision/ mission? *(Please mark applicable items.)*

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|  | Brochures |
|  | Publication |
|  | Website |
|  | Bulletin Board |
|  | Others *(If there are other means which are not in the list, please indicate them here):* |

*For item 1.5:*What particular student need did your organization address this school year?

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Are there other needs do you want your organization to address? If so, please specify here.  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **Component B: Student Services** |

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| 1. **Level of Members’ Participation** | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** |
| * 1. The organization encourages participation of members in its activities. |  |  |  |  |  |
| * 1. The organization motivates members to attend meetings. |  |  |  |  |  |
| * 1. The organization allows participation of members in decision-making process. |  |  |  |  |  |
| * 1. The organization delegates tasks and responsibilities to members *(e.g. handle a committee or serve as activity head.)* |  |  |  |  |  |

**║ PAUSE!** Were you able to attend a seminar or a training which was organized by your organization? If so, what particular learning or skills did you acquire through it? Please write them here.

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Were you sent by your organization to training outside the University? If so, what particular learning or skills did you acquire through it? Please write them here.

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| 1. **Quality of Services** | ***5*** | ***4*** | ***3*** | ***2*** | ***1*** |
| * 1. The projects conducted by the organization promote personal growth and welfare of its members. |  |  |  |  |  |
| * 1. The projects of the organization are aligned with its advocacy. |  |  |  |  |  |
| * 1. The organization effectively facilitates dialogues between members and concerned parties to resolve internal or external concerns arising in the organization *(e.g. member to member, member to organization, member to department, organization to department, and the like).* |  |  |  |  |  |
| * 1. The organization is able to address the academic needs or skills training of its members through tutorial services, book drives, trainings, formation sessions, and the like based on the advocacy and respective needs of the members *(e.g. Red Cross – First Aid Training; MATHSOC – Tutorial Services; College Council – facilitate complaints/ concerns).* |  |  |  |  |  |
| * 1. The organization sends members to trainings/ seminars and the like outside the university. *(Answer item when applicable only.)* |  |  |  |  |  |

**--- *Survey ends here. ---***

*Thank you very much for your time and effort in filling-out this form.*

*Your honest and objective evaluation will greatly contribute to our effort in helping your organization become better and be more effective.*

*Please return accomplished form to your organization.*

*The rating generated through this survey will be used for this year’s Magis Awards.*