



VIRTUAL CLASSROOM (VC) EVALUATION FORM

Date	15 August 2023
Campus	<input type="radio"/> Main <input type="radio"/> Tolosa <input type="radio"/> Villaba <input type="radio"/> Alang-alang <input type="radio"/> Isabel
College	College of Engineering & Technology
Department/Unit	Department of Meteorology
Semester and Academic Year	1 st Semester, A.Y. 2023-202
Title of VC	ES 134 Field Work

Faculty		
#	Last Name	First Name
1.	Labisores	Rotsen

Criteria	Complied with the Guidelines ¹ ?	Remarks
A. General		
Vision, Mission and Quality Policy are properly positioned	<input type="checkbox"/>	
B. Course Overview		
The course overview includes the following, in correct sequence:		
General Announcement	<input type="checkbox"/>	
About the Author	<input type="checkbox"/>	
Course Information	<input type="checkbox"/>	
Course Requirements	<input type="checkbox"/>	
Course Policies	<input type="checkbox"/>	
Grading System	<input type="checkbox"/>	
Appendices (if any)	<input type="checkbox"/>	

¹ Refer to latest version of GL-IMD-02 item 4.0

Department, College, Campus, and/or University Contact Information	<input type="checkbox"/>	
C. <u>Course Content</u>		
The parts/components are in accordance with the approved Guidelines on Preparation of IMs	<input type="checkbox"/>	
The online modules and lessons cover the scope of the course	<input type="checkbox"/>	
The lessons are presented in a user-friendly manner	<input type="checkbox"/>	
The lessons presented are in logical sequence	<input type="checkbox"/>	
Other supplemental materials like videos, graphics, PPTs, among others are embedded in the VC, whenever necessary	<input type="checkbox"/>	
Methods of assessment are varied and relevant	<input type="checkbox"/>	
Learning tasks are varied and relevant	<input type="checkbox"/>	
References are varied and relevant	<input type="checkbox"/>	

Evaluated by:

CHARLIE S. ANDAN

Head, DMet

Date: _____

D. General Recommendation:

___ Approved

___ Needs to be Revised (please see Remarks)

Acknowledged by:

ROTSSEN B. LABISORES

Name and signature of faculty

Date: _____

Noted:

NANCY D. ABUNDA

Head, IMD

Date: _____

Distribution of copies: OHIMD, Department