





DEPARTMENT OF LIBERAL ARTS AND BEHAVIORAL SCIENCES

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VIRTUAL CLASSROOM(VC) EVALUATION FORM

Date		13 December 2021					
Campus		○ Main		Tolosa	Villaba		
		C Alang-alar	ng	○ Isabel			
College		CAS					
Department/Unit		DLABS					
Semester and Academic Year		1 st Semester 2021-2022					
Title of VC		Readings in Philippine History					
Facult	:У						
#	Last Name		First Name				
1.	Camandona		Nina				
2.	Garovillo		Enrique				
3.	Gonzales		Genoviva				
4.	Lim		Jie				
5.	Macayan		Jethro				
6.	Planco		Justine				
7.	Tabernero		Reality				
8.	8. Torrente		Ronah				
9.	Vistal		Marvin				

Criteria	Complied with the Guidelines ¹ ?	Remarks
A. General		
Vision, Mission and Quality Policy are properly positioned	\boxtimes	
B. Course Overview		
The course overview includes the following, in correct sequence:		
General Announcement	\boxtimes	
About the Author	\boxtimes	
Course Information	\boxtimes	
Course Requirements	\boxtimes	
Course Policies	\boxtimes	

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

Grading System	\boxtimes				
Appendices (if any)					
Department, College, Campus, and/or University Contact Information	\boxtimes				
C. Course Content					
The parts/components are in accordance with the approved Guidelines on Preparation of IMs	\boxtimes				
The online modules and lessons cover the scope of the course	\boxtimes				
The lessons are presented in a user- friendly manner	\boxtimes				
The lessons presented are in logical sequence	\boxtimes				
Other supplemental materials like videos, graphics, PPTs, among others are embedded in the VC, whenever necessary					
Methods of assessment are varied and relevant	\boxtimes				
Learning tasks are varied and relevant	\boxtimes				
References are varied and relevant	\boxtimes				
		ity; it may however still be improved. It was ne preferred platform for a number of faculty			
Evaluated by: JETT C. QUEBEC, Ph.D. Department Head Date: 13/12/2021					
E. General Recommendation:					
Approved					
Needs to be Revised (please see Remarks)					

F. Verification Remarks						
Click or tap here to enter text.						
Verified by:						
MA. THERESA P. LORETO, Ph.D. Dean, CAS Date:						
Acknowledged by:						
Name and signature of faculty Date:						
Name and signature of faculty Date:						
Name and signature of faculty Date:						
Name and signature of faculty Date:						
Name and signature of faculty Date:						
Name and signature of faculty Date:						
Name and signature of faculty Date:						

Name and signature of faculty

Name and signature of faculty

Date: _____

Date: _____

Noted:

NANCY D. ABUNDA, Ph.D.

Head, IMD

Date: Click or tap to enter a date.

Distribution of copies (3): OHIMD, Department, Faculty