

4. Did you encounter problems? If yes, please specify :

**5. Do you feel your capability is optimally utilized in the project? Yes ___ No ___
Please explain your answer.**

6. Resources for the project facilitated during the semester. Please check and specify.

Financial:
How much? _____

Manpower Training:
How many were trained? _____

<input type="checkbox"/> Equipment:	
Item	Cost
_____	_____
_____	_____
_____	_____

Others Others:

Prepared by:

Date : _____

Signature of Volunteer

7. Comments by Project Manager :

Printed Name & Signature

Date _____