# ORAL PRESENTATION EVALUATION FORM

# Name of Presenter / Department

# Session

Rate the presenter on each point listed below by using this scale:

**Poor 1**

**Fair 2**

**Average 3**

**Good 4**

**Excellent 5**

# Content

Extent, clarity of coverage

Difficulty level of topic

Relevancy of topic

Familiarity of topic

# Organization

Coherent, easy to follow.

Concise, clear

Transitions used well.

Purpose clearly stated.

**Content Points**

Gained audience interest and immediate attention.

Identified the topic, defined scope of the presentation.

Main points supported with details.

Documented facts where necessary

Informative: knowledge was imparted

Clearly summarized; memorable

Responded well to questions.

# Delivery

Professional/confidence

Eye contact

Facial expressions/gestures

Voice inflection, speed, pace

Humorous, relaxed, enthusiastic.

Timing

Used language well.

# Overall

What did you like most about this presentation?

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Please suggest improvements.

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