# 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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