# PRESENTATION EVALUATION FORM

Presenter Name

Title of Presentation

Topic

Date

Evaluator

**Evaluation**

### **Quality of Presentation**

|  |  |
| --- | --- |
| Well Prepared, convincing, persuading | Choose an item. |
| Organization - logical order and transitions | Choose an item. |
| Focused on important issues | Choose an item. |
| Demonstrated knowledge | Choose an item. |
| Good use of time – ended on time. | Choose an item. |
| Faced the audience, no reading from screen | Choose an item. |
| Adequate level of detail and answering the questions | Choose an item. |
| Lively & Interesting | Choose an item. |
| Use of professional language | Choose an item. |
| Avoiding verbal filters, ah, eh, om, etc. | Choose an item. |
| Other | Choose an item. |
| Other | Choose an item. |

### **Additional comments**

[Response]

**FEEDBACK**

|  |  |
| --- | --- |
| Overview of topics/presentation | Choose an item. |
| Identified critical concepts | Choose an item. |
| Explanation of technical issues | Choose an item. |
| Organization and flow | Choose an item. |
| Presenter exhibited a good understanding of topic. | Choose an item. |
| Presenter spoke clearly/effectively | Choose an item. |
| Time for presentation used effectively. | Choose an item. |
| Slides enhanced presentation. | Choose an item. |
| Presenter responded effectively to audience questions and comments. | Choose an item. |
| Presentation was done in a way that engaged audience. | Choose an item. |
| Other | Choose an item. |
| My overall satisfaction with the presentation is high | Choose an item. |

What did you like most about the presentation?

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What areas might you suggest for improvement not listed above?

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