**PRESENTATION EVALUATION FORM**

Topic

Speaker

Date

**Encircle the choice.**

|  |  |  |  |  |  |
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| **Statements** | **1** | **2** | **3** | **4** | **5** |
| Speaker was well prepared for lecture(s) |  |  |  |  |  |
| Presented material was relevant to the topic and presented clearly |  |  |  |  |  |
| Topic was covered within fixed time |  |  |  |  |  |
| Material presented was updated |  |  |  |  |  |
| Main issue(s) in the discipline/field were clearly identified |  |  |  |  |  |
| Audience participation was encouraged |  |  |  |  |  |
| Atmosphere of presentation was conducive to learning |  |  |  |  |  |
| Presentation has increased your level of knowledge |  |  |  |  |  |
| Presentation integrated theoretical concepts with real-world applications |  |  |  |  |  |
| Speaker maintained the interest of the audiences |  |  |  |  |  |

**Comments/Suggestions if any**

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