

**University of South Florida College of Medicine
Department of Pathology and Cell Biology**

**PATHOLOGY FACULTY LECTURE PRESENTATION
EVALUATION FORM**

Faculty: _____ **Date:** _____

(key: 1-poor, 2-below average, 3-average, 4-above average, 5-excellent, NA-not applicable)

Demonstration of basic science knowledge	1	2	3	4	5	NA
Demonstration of technical knowledge	1	2	3	4	5	NA
Review of Literature/Critical Thinking	1	2	3	4	5	NA
Organization of presentation	1	2	3	4	5	NA
Clarity of presentation	1	2	3	4	5	NA
Stimulation of thinking and interest	1	2	3	4	5	NA
Responsiveness to questions	1	2	3	4	5	NA
Quality of audiovisual aids	1	2	3	4	5	NA

Overall Evaluation: (comment required on evaluation below average)

Poor Fair Average Good Excellent

Comments:

Signature: _____

**Please complete and return form to Sylvia Beacham, MDC 11, as soon as possible.
All evaluations are strictly confidential.**