**Technical Presentation Evaluation Form**

Presenter’s Name: Date:

**Did the speaker …** Needs work Excellent

**Scientific Content**

|  |
| --- |
| Explain background or history of the technique? 1 2 3 4 5 6 7 8 9 10 |
| Explain the purpose of the technique? 1 2 3 4 5 6 7 8 9 10 |
| Explain equipment or tools? 1 2 3 4 5 |
| Explain the procedure? 1 2 3 4 5 |
| Explain the analysis of the results? 1 2 3 4 5 |
| Understand the subject? 1 2 3 4 5 |
| Were references noted? 1 2 3 4 5 |
| Respond well to questions? 1 2 3 4 5 |
|  |

**Visual Components**

|  |
| --- |
| Use figures effectively? 1 2 3 4 5 |
| Effectiveness of your figure? 1 2 3 4 5 |
| Use fonts and sizes effectively? 1 2 3 4 5 |
| Amount of information on a slide 1 2 3 4 5 |
| Slide colors and designs 1 2 3 4 5 |
|  |

**Oral Components**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hold your interest? |  |  |  |  | 1 | 2 | 3 | 4 | 5 |
| Speak loud enough and at a good pace? |  | 1 | 2 | 3 | 4 | 5 |  |  |  |
| Talk and not read? |  |  |  |  | 1 | 2 | 3 | 4 | 5 |
| Make effective transitions; did it flow? |  | 1 | 2 | 3 | 4 | 5 |  |  |  |
| Follow the time limit of 10-12 minutes? |  | 1 | 2 | 3 | 4 | 5 |  |  |  |