

Presentation Evaluation Form

Rate the Presentation, 1-5

5=Excellent 1= Poor NA= not applicable

Name: _____ Topic or Title: _____

_____ **Introduction:** Did the introduction capture your interest; was necessary background given; was a clear purpose conveyed?

_____ **Organization:** Was there a clear organization; were transitions between sections clear and effective; did the organization lead to a clear conclusion?

_____ **Content:** Did the presenter support their points; was the supporting material relevant and up to date or current?

_____ **Visual Aids:** Were visual aids used effectively and appropriately; were they carefully and thoughtfully prepared?

_____ **Conclusion:** Were key points reinforced; was a sense of closure provided; if appropriate, was a course of action proposed?

_____ **Delivery:** Was the speaker natural, enthusiastic; did s/he speak clearly; were appropriate gestures, posture, expressions used?

_____ **Discussion:** Were questions answered accurately, clearly, and effectively?

_____ **Overall Rating**

General Comments (use back if necessary):