**Presentation Evaluation**

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| --- | --- | --- | --- | --- |
| **To what extent do you agree with the following criteria:** | **Yes** | **Room for Improvement** | **No** | **Comments** |
| 1. Objectives communicated clearly |  |  |  |  |
| 1. Organized and easy to follow |  |  |  |  |
| 1. Presenter showed an adequate understanding of the topic. |  |  |  |  |
| 1. Presenter spoke clearly. |  |  |  |  |
| 1. Presenter responded well to questions and comments. |  |  |  |  |
| 1. Presentation was engaging. |  |  |  |  |
| 1. Presenter was well prepared. |  |  |  |  |

1. What did you enjoy the most about the presentation?
2. What areas might you suggest for improvement that aren’t listed above?

**Adapted from UAB Department of Obstetrics and Gynecology Presentation Evaluation Form**