

POSTER EVALUATION FORM

PLEASE NOTE: THIS FORM WILL BE GIVEN TO THE PRESENTER
AFTER THE EVENT TO PROVIDE FEEDBACK

Name of Presenter: Gregory Howell Department / School: UNC Division of Physical Therapy

Poster Number: _____ Poster Session: _____

Please mark the score for each evaluation criterion below. When you are finished, combine the total points at the bottom for the overall score.

Content

- Clarity of content
- Quality of content (background, methodology, findings, etc.)
- Originality and complexity of project
- Significance of project (to field of study, community, etc.)
- Supports main points

Comments on Poster Content:

Poor Fair Average Good Excellent

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Content Points = _____ / 25

Organization

- Layout (organized, effective, professional, captures interest)
- Appropriate font size and use of visual aids
- Important information is readily available and easy to grasp
- Clearly identified topic and purpose
- Informative and clear project summary

Comments on Poster Organization:

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Organization Points = _____ / 25

Delivery

- Professional and confident
- Engaged with audience
- Clear voice with good pace
- Command of language/avoiding jargon
- Response to questions

Comments on Delivery:

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Delivery Points = _____ / 25

Overall Impression/Quality

1	2	3	4	5
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Overall Impression Points = _____ / 5

TOTAL SCORE = _____/80

Comments (*may use back of paper as well*)

What were the strengths of this presentation?

Do you have any suggestions for improvement?