**Presentation Evaluation Form**

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| **Presenter:** **Date:** **Topic:**  | **Evaluator*****(circle one)*** **Clinican Peer** |

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| **Presentation Effectiveness Criteria**POOR  |  |  | AVERAGE  |  |  | EXCELLENT |  |
| ***To what extent did the presentation represent the following features?*** | **0**  | **10** | **20**  | **30** | **40** | **50** | **60** | **70** | **80** | **90**  | **100** |
|  Purpose communicated clearly. |  |  |  |  |  |  |  |  |  |  |   |
|  Organized and easy to follow. |  |  |  |  |  |  |  |  |  |  |   |
|  Presenter exhibited a good understanding of topic. |  |  |  |  |  |  |  |  |  |  |   |
|  Presenter addressed all objectives. |  |  |  |  |  |  |  |  |  |  |   |
|  Presenter was well prepared. |  |  |  |  |  |  |  |  |  |  |   |
|  Presenter spoke clearly/effectively |  |  |  |  |  |  |  |  |  |   |  |
|  Presenter responded effectively to  audience questions and comments. |  |  |  |  |  |  |  |  |  |  |   |
|  Presentation engaged audience. |  |  |  |  |  |  |  |  |  |  |  |

--What did you like most about the presentation?

--What areas might you suggest for improvement not listed above?