**Presentation Evaluation Form**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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?