

ORAL PRESENTATION EVALUATION FORM

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

Name of Presenter / Department:

Session:

Rate the presenter on each point listed below by using this scale:

Poor 1 Fair 2 Average 3 Good 4 Excellent 5

Content

_____ Extent, clarity of coverage

_____ Difficulty level of topic

_____ Relevancy of topic

_____ Familiarity of topic

Content Points _____

Organization

_____ Coherent, easy to follow

_____ Concise, clear

_____ Transitions used well

_____ Purpose clearly stated

_____ Gained audience interest and immediate attention

_____ Identified the topic, defined scope of the presentation

_____ Main points supported with details

_____ Documented facts where necessary

_____ Informative: knowledge was imparted

_____ Clearly summarized; memorable

_____ Responded well to questions

Organization Points _____

Delivery

_____ Professional/confidence

_____ Eye contact

_____ Facial expressions/gestures

_____ Voice inflection, speed, pace

_____ Humorous, relaxed, enthusiastic

_____ Timing

_____ Used language well

Delivery Points _____

Total Points _____

Overall

1. What did you like most about this presentation?

2. Please suggest improvements.