

ORAL PRESENTATION EVALUATION FORM

Please note: this form will be given to the presenter(s) after the event to provide feedback

Presenter(s):					
Title:					
Session: Time:					
Please mark the score for each evaluation criterion below. When you are finish bottom for the overall score. Please include constructive comments for the pr					ne
	Poor	Fair	Average	Good	Excellent
Presentation Content Clarity of content (clear info, free of jargon & spelling/grammar errors) Quality of content (background, methods, findings, etc.; supports main points) Quality and originality of the research / project Significance of topic (to field of study, community, etc.) Comments on Presentation Content:	1 1 1	2 2 2	3 3 3	4 4 4	5 5 5 5
		Content Points =/20			
Presentation Organization Layout and clarity (organized, effective, appropriate use of text & visual aids) Informative and clear topic, purpose, summary Comments on Presentation Organization:	1	2	3 3	4	5
		Organization Points =			
Delivery Professional, confident, knowledgeable about topic, engaged with audience Response to questions (including quality of responses) Comments on Delivery:	1	2	3	4	5
		D	elivery Poi	nts =	/10
Overall Impression/Quality	2	4	6	8	10
		Overall Quality Points = / 10			
Comments (may use back of paper as well)	TOTAL SCORE =/ 50				
What were the strengths of this poster/presentation?					
Do you have any suggestions for improvement?					