Evaluation Form for Oral Presentations

| Speaker: | | |
|----------------|------|------|
| | | |
| Title of Talk: | | |
| | | |
| Evaluator: | | |

Evaluation of Presentation

Candidly, write your comments on the presentation, in particular, any suggestions that you would like to give to the speaker to improve his/her presentation. You may want to refer specifically to aspects listed in the box below. Recall that the speaker will NOT see your evaluation form.

| | excellent | good | average | below average |
|--------------------------------------|-----------|------|---------|---------------|
| Speaker's understanding of the topic | | | | |
| Organization of material | | | | |
| Presentation of material | | | | |
| Quality of visual aids | | | | |
| Treatment of questions | | | | |
| Enjoyment level of talk | | | | |
| Overall effectiveness | | | | |