# Presentation Evaluation & Feedback Form

## [Company Name]

[Street Address] [City, ST ZIP Code] [Phone] | f [Fax] | [Website] | [Email]

Scale: [Strongly agree] [Agree] [Neutral] [Disagree] [Strongly disagree]

|  |  |
| --- | --- |
| Presenter Name | [INSERT NAME HERE] |
| Title of Presentation | [PRESENTATION TITLE] |
| Topic | [TOPIC] |
| Date | [MM/DD/YY] |
| Evaluator | [Faculty] [Fellow] [Resident] [Other] |

**EVALUATION**

### Quality of Presentation

|  |  |
| --- | --- |
| Well Prepared, convincing, persuading | Choose an item. |
| Organization - logical order and transitions | Choose an item. |
| Focused on important issues | Choose an item. |
| Demonstrated knowledge | Choose an item. |
| Good use of time – ended on time. | Choose an item. |
| Faced the audience, no reading from screen | Choose an item. |
| Adequate level of detail and answering the questions | Choose an item. |
| Lively & Interesting | Choose an item. |
| Use of professional language | Choose an item. |
| Avoiding verbal filters, ah, eh, om, etc. | Choose an item. |
| Other | Choose an item. |
| Other | Choose an item. |

### Additional comments

[Response]

**FEEDBACK**

|  |  |
| --- | --- |
| Overview of topics/presentation | Choose an item. |
| Identified critical concepts | Choose an item. |
| Explanation of technical issues | Choose an item. |
| Organization and flow | Choose an item. |
| Presenter exhibited a good understanding of topic. | Choose an item. |
| Presenter spoke clearly/effectively | Choose an item. |
| Time for presentation used effectively. | Choose an item. |
| Slides enhanced presentation. | Choose an item. |
| Presenter responded effectively to audience questions and comments. | Choose an item. |
| Presentation was done in a way that engaged audience. | Choose an item. |
| Other | Choose an item. |
| My overall satisfaction with the presentation is high | Choose an item. |

What did you like most about the presentation?

What areas might you suggest for improvement not listed above?