

# 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.