

# TOPICAL FORMAL PRESENTATION EVALUATION FORM

Assess the student's performance in each area. Briefly describe and/or give examples of performance, where possible.

Student: \_\_\_\_\_

Preceptor: \_\_\_\_\_

	Excellent			Needs Improvement	
1. Chose appropriate topic relevant to primary care.	5	4	3	2	1
2. Presentation reflected a comprehensive review of the literature.	5	4	3	2	1
3. Presentation was organized and reflected an integration of material.	5	4	3	2	1
4. Planned discussion strategies.	5	4	3	2	1
5. Able to lead a discussion in the group.	5	4	3	2	1
6. Attendance	5	4	3	2	1
7. Promptness	5	4	3	2	1

**Overall: Satisfactory**

**Unsatisfactory**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**When complete, please return to:** Clinical Clerkship Program, Office of Student Services  
C110 East Fee Hall  
East Lansing, MI 48824  
Fax: 517-432-1976