

# Western States Conference Platform Presentation Evaluation Form

Date: \_\_\_\_\_ Abstract Presentation Number: \_\_\_\_\_ Platform Category: \_\_\_\_\_

Please Select Your Status: Resident  Fellow  Preceptor  Sponsor

Presenter's Name: \_\_\_\_\_  
Last First

Presenter's Institution: \_\_\_\_\_

Check here if you were assigned as a Primary Evaluator for this presentation

<b>1. PRESENTATION SKILLS</b>	<b>Very Effective</b>	<b>Effective</b>	<b>Somewhat Effective</b>	<b>Ineffective</b>
Speaking skill (volume, clarity, speed)	1	2	3	4
Audio visual (technique, readability, clarity)	1	2	3	4
Organization, points well made	1	2	3	4
Appropriate length of presentation	1	2	3	4
Practice evident	1	2	3	4
Ability to respond to questions	1	2	3	4
<b>2. PRESENTATION CONTENT</b>	<b>Very Effective</b>	<b>Effective</b>	<b>Somewhat Effective</b>	<b>Ineffective</b>
Learning objectives clearly stated and relevant	1	2	3	4
Background, methods, results clearly presented	1	2	3	4
Content and appropriateness of slides	1	2	3	4
Handout provided useful take-home tool	1	2	3	4
Learning assessment activities such as test questions were appropriate	1	2	3	4
Did you perceive this presentation to be commercial in any way?	<b>Yes</b>	<b>No</b>	If you answered yes, please elaborate below.	
<b>3. PROJECT FEEDBACK</b>	<b>Very Effective</b>	<b>Effective</b>	<b>Somewhat Effective</b>	<b>Ineffective</b>
Method appropriate for answering research question	1	2	3	4
Conclusion, outcome match results presented	1	2	3	4
Results relevant to pharmacy practice	1	2	3	4
Resident's interest/participation in project evident	1	2	3	4
Future research or project follow up defined	1	2	3	4

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_