

PRESENTATION EVALUATION FORM

Presenter: _____

Date: _____

Evaluator: _____

Conference (check one):

- | | |
|---|---|
| <input type="checkbox"/> Pulmonary/CC GR Case Presentation
<input type="checkbox"/> Research Conference
<input type="checkbox"/> Critical Care Case Presentation
<input type="checkbox"/> Morbidity and Mortality Conference | <input type="checkbox"/> Pathology/Radiology Conference
<input type="checkbox"/> Journal Club
<input type="checkbox"/> Other: _____ |
|---|---|

PRESENTATION STYLE	Unacceptable	Needs work	Average	Very Good	Excellent
Overall effectiveness of delivery (Well-practiced, engaging, etc.)	1	2	3	4	5
Presenter spoke clearly with correct speed, cadence, & volume	1	2	3	4	5
Presentation fit within the time allotted	1	2	3	4	5
Professionalism of presentation and presenter's demeanor	1	2	3	4	5
Comments:					
AUDIO/VISUAL	Unacceptable	Needs work	Average	Very Good	Excellent
Appropriate use of slides (number of slides, time on each slide, etc.)	1	2	3	4	5
Quality of text slides (legible, , enhance verbal portion, etc.)	1	2	3	4	5
Quality of graphs/tables/pictures	1	2	3	4	5
Comments:					
CONTENT	Unacceptable	Needs work	Average	Very Good	Excellent
Presentation is well organized and easy to follow	1	2	3	4	5
Clarity and progression of ideas	1	2	3	4	5
Appropriate integration of scientific data/background	1	2	3	4	5
Accurate interpretation of scientific data	1	2	3	4	5
Depth of explanation/educational content was appropriate	1	2	3	4	5
References used (number of, quality, appropriately cited, etc.)	1	2	3	4	5
Addressing audience questions/interruptions	1	2	3	4	5
Overall educational value	1	2	3	4	5
Goals of conference were met	1	2	3	4	5
Comments:					

- This evaluation was reviewed and discussed with presenter on (date) _____
 Presenter (initial) _____ Evaluator (initial) _____