

SEMINAR/RESEARCH PRESENTATION EVALUATION FORM

DEPARTMENT OF PHARMACOLOGY AND THERAPEUTICS

Date: _____

Annual Research Presentation: ____ Seminar (Course # if appropriate): _____ Other: ____

Name of Graduate Student: _____

Title of Project: _____

Name of Supervisor: _____ Name of Examiner: _____

Rate each Section from 1-10 using the following guideline.

- 1-3 Unacceptable
- 4-5 Acceptable
- 6-7 Average Quality with Minor Defects
- 8 Good
- 9 Superior (something extra to distinguish it from an otherwise well done project)
- 10 Extraordinary

Oral Presentation (note: configuration below will not fit all talks):

1. Organization

2. Clarity of presentation

- Background.....
- Hypothesis
- Methods (Controls, Statistics).....
- Results.....
- Conclusions.....

3. Visual Aids (Slides, Overheads, etc.).....

4. Response to questions

- Knowledge of research area and literature.....
- Knowledge of techniques.....
- Defense of experimental results.....

Total Grade...../100

COMMENTS: _____
