

# ORAL PRESENTATION EVALUATION FORM

PLEASE NOTE: THIS FORM WILL BE GIVEN TO THE PRESENTER  
AFTER THE EVENT TO PROVIDE FEEDBACK

Name of Presenter: \_\_\_\_\_ Department / College: \_\_\_\_\_

Talk Number: \_\_\_\_\_

Please mark the score for each evaluation criterion below.

	Needs Improvement	Fair	Average	Good	Excellent
<b>Content</b>					
Clarity of content	2	4	6	8	10
Quality of content (background, methodology, findings, etc.)	2	4	6	8	10
Supports main points	2	4	6	8	10

*Comments on Content:*

Content Points = \_\_\_\_ / 30

<b>Organization</b>					
Appropriate use of media, layout, and logical flow of ideas	2	4	6	8	10
Clear thesis and supporting data	2	4	6	8	10
Informative and clear project summary	2	4	6	8	10

*Comments on Organization:*

Organization Points = \_\_\_\_ / 30

<b>Delivery</b>					
Professional delivery and engaged with audience	2	4	6	8	10
Command of language/avoiding jargon	2	4	6	8	10
Response to questions	2	4	6	8	10

*Comments on Delivery:*

Delivery Points = \_\_\_\_ / 30

**Overall Impression/Quality**

Overall Impression Points = \_\_\_\_ / 10

**Comments** (*may use back of paper as well*)

**TOTAL SCORE** = \_\_\_\_ / 100

What were the strengths of this presentation?

Do you have any suggestions for improvement?