
Short Presentation Evaluation Form

Presenter: _____

Date: _____

Title: _____

Check the box for each criterion that applies:

- Clearly defined objectives
- Effective use of time
- Persuasive argument
- Adequate research
- Engaging delivery

Quick Feedback: _____

Rated Overall: Excellent Good Satisfactory Needs Improvement

Signature of Evaluator: _____

Date: _____