

## Presentation Evaluation Form

Topic/Presentation Title: \_\_\_\_\_

Date: \_\_\_\_\_

Note: All scores should be from 1 to 5, where 1 is poor, and 5 is Excellent.

Presentation Skills			
Presenter Name:		Presenter Name:	
ITEM	SCORE	ITEM	SCORE
- Speech clarity		- Speech clarity	
- Eye contact		- Eye contact	
- Visual aids		- Visual aids	
- Engages audience		- Engages audience	
- Answers questions well		- Answers questions well	
- Time management		- Time management	
- Motion and Gestures		- Motion and Gestures	
Knowledge & Material			
ITEM			SCORE
- Presentation was well organized			
- Material was clearly presented			
- Enough content was provided given the allocated time			
- The outline was clearly stated			
- There was a useful conclusion			
Overall Score/Evaluation (From 10 points): _____			
Comments			