

PRESENTATION

evaluation form

NAME _____

CONTENT / ORGANIZATION

Did the speaker support their points well?
Were the supporting materials & examples relevant? Was the presentation well-structured & transitions between sections smooth?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
poor average outstanding

DELIVERY

Was the speaker natural, enthusiastic and easy to understand? Did the presentation lead to a clear conclusion?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
poor average outstanding

ENGAGEMENT

Did the speaker engage the audience?
Was the presentation stimulating and thought-provoking? Were there any creative means to achieve better delivery?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
poor average outstanding

OVERALL IMPRESSION

All said and done, what is your overall impression of the speaker? Did they appear well or poorly prepared? Was the presentation effective at delivering the content and stimulating your interest in the topic?

0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
poor average outstanding

THREE

lessons you learned from the presentation

TOTAL _____
(sum of the above)

LIKES

What did you like about the presentation?

IMPROVEMENT

What do you think the speaker could have done better?