ORAL PRESENTATION EVALUATION FORM

Please Note: This form will be given to the presenter after the event

Name of Presenter: ____________________________
Presentation ID: ____________________________  Country: __________________
Session No: __________  Date: / /  Time: __________________

Rate the presenter on each point listed below by using this scale:
Poor - 1  Fair - 2  Average - 3  Good - 4  Excellent - 5

Content
_____ Extent, clarity of coverage
_____ Difficulty level of topic
_____ Relevancy of topic
_____ Familiarity of topic

Content Points: ______

Organization
_____ Coherent, easy to follow
_____ Concise, clear
_____ Transitions used well
_____ Purpose clearly stated
_____ Gained audience interest and immediate attention
_____ Identified the topic, defined scope of the presentation
_____ Main points supported with details
_____ Documented facts where necessary
_____ Informative: knowledge was imparted
_____ Clearly summarized; memorable
_____ Responded well to questions

Organization Points: ______

Delivery
_____ Professional/confidence
_____ Eye contact
_____ Facial expressions/gestures
_____ Voice inflection, speed, pace
_____ Humorous, relaxed, enthusiastic
_____ Timing
_____ Used language well

Delivery Points: ______

Overall:

Total Points: ______

1. What did you like most about this presentation?

2. Please suggest improvements.

Evaluator / Session Chairperson Name: ____________________________  Sign: ______

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