

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: _____