

## Evaluation Form

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Presentation#1 Title: \_\_\_\_\_

Presenter#1 Name: \_\_\_\_\_

Presentation#2 Title: \_\_\_\_\_

Presenter#2 Name: \_\_\_\_\_

Presentation#3 Title: \_\_\_\_\_

Presenter#3 Name: \_\_\_\_\_

Presentation#4 Title: \_\_\_\_\_

Presenter#4 Name: \_\_\_\_\_

Criteria	Present#1	Present#2	Present#3	Present#4	Maximum Score
Organization					10
Style of Presentation					10
Explanation of Content					10
Language					4
Confidence					3
Adherence to Time					4
Response to Questions					4
<b>Total</b>					<b>45</b>