Presentation Evaluation Form: Team Evaluation

A copy of the forms evaluating a given team's presentation will be given to the team. The forms are anonymous.

| Team whose presentation is being evaluated: | | | | | _ | |
|--|-----------|---------|---------|----------------------|----------|-------------------|
| Directions: Circle the number that most closely corresponds to you Evaluation should be of the overall team presentation. | ır evalua | ation o | of each | aspect | of the p | oresentation. |
| | Very Good | | Good | Needs Improvement | | Not Applicable |
| Presentation Material (visuals, props, etc): | | | | | | |
| 1. Used appropriate visual aids. | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Visual aids worked well across the entire presentation. | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Visual aids were interesting. | 5 | 4 | 3 | 2 | 1 | N/A |
| Organization/Content: | | | | | | |
| 4. Presentation was well organized. | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Presentation was effective in conveying information. | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Length of presentation was appropriate. | 5 | 4 | 3 | 2 | 1 | N/A |
| I especially liked: | | | | | | |
| One area for improvement: | | | | | | |
| Overall evaluation of individual speakers: | | | | | | |
| Speaker #1: Name | | | | | | |
| Speaker #2: Name | | | | | | |
| Speaker #3: Name | | | | | | |
| Speaker #4: Name | | | | | | |
| Speaker #5: Name | | | | | | |
| Speaker #6: Name | | | | | | |

Overall Comments: