

CS5204 Presentation Evaluation Form

Presenter's Name: _____

Topic: _____ **Date:** _____

Evaluation

(scale: 5=excellent; 4=good; 3=acceptable; 2=marginal; 1=weak)

PRESENTATION CONTENT	Evaluation (1-5)
Overview of topics/presentation	
Identified critical concepts	
Explanation of technical issues	
Organization and flow	
Summary/conclusions, critique	

PRESENTATION DELIVERY/ FORMAT	Evaluation (1-5)
Eye contact, voice, and gestures	
Handling of questions	
Visual aids	
Time management	
Manner: fluency, confidence in knowledge, enthusiasm	

OVERALL GRADE	
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Additional Comments

Content
Delivery