

Southeastern Residency Conference

Presentation Evaluation Form

Presenter's Name: _____

Institution: _____

Yes, I am the assigned session evaluator

<input checked="" type="checkbox"/>	Check One
	<i>I am a....</i>
<input type="checkbox"/>	Preceptor
<input type="checkbox"/>	Resident
<input type="checkbox"/>	College Faculty
<input type="checkbox"/>	Other

		Check One				
		Excellent	Good	Average	Fair	Poor
1.	Abstract (see program)					
	Content reflects presentation					
	Appropriate grammar/spelling, etc.					
2.	Presentation					
	Speaking style (volume, clarity)					
	Organization, points well made					
	Non-verbal (e.g., eye contact)					
	Slides – Readability, quality					
	Resident enthusiasm/participation					
	Conclusion, outcome, or value					
	Appropriate length					
	Ability to respond to questions					
3.	Content					
	Content and knowledge of topic					
	Content & appropriateness of A/V					
	Ability to improve the audience's understanding of topic presented					
	Innovative concepts					
	Research methodology					
	Results useful in pharmacy practice					
4.	Comments / Suggestions:					