



DEPARTMENT OF \_\_\_\_\_

**PEER EVALUATION**

(These evaluations are anonymous. Completed evaluations are collected by the administrative support person and tabulated).

**Presenter:**

**Date:**

**Title:**

**Overall grade on a scale of 1-7**

- 1 = Unacceptable
- 2 = Needs Work
- 3 = Fair
- 4 = Good
- 5 = Very Good
- 6 = Excellent
- 7 = Outstanding

**Evaluation**

**The Presenter**

Enthusiasm	
Interaction with the audience	
Apparent knowledge of the topic	

**The Presentation**

Objectives stated	
Information was presented in an organized manner	
Used case-based methods: related information presented to practical problems	
Quality of audiovisual aids	
Summary of objectives	

**The Content**

Volume and complexity of the information presented was appropriate for level of learners or audience	
Related content to current evidence in the literature	
Content was relevant to your practice	
<b>Overall Performance</b>	

**What two aspects of this presentation did you like the most?**

**What two aspects of this presentation would you suggest be changed in the future?**

