



Department: _____ **Date:** _____

Presenter's Name		
Reviewer's Name		
Venue		
Audience		
Title of Presentation		
	EVALUATION / COMMENTS	SCALE (1-5) *
Were objectives clear?		
Was content appropriate for learners level?		
Timing / Amount of material?		
Engaged learners? Ability to communicate with learners.		
Use of innovative teaching methods or technologies where appropriate?		
Incorporate scholarly work/recent research into teaching activities.		
Good Response to Questions?		
Evidence of being well-prepared and organized		
Other Comments		
OVERALL; ie. -stimulating presentation, level of knowledge on topic, areas for improvement		
Reviewer's Signature:		

1-5 Scale

1 – Inadequate (does not meet the standard)

2 – Borderline

3 – Good (top 50%)

4 – Very good (top 25%)

5 – Excellent (top 5%)