



PRESENTATION EVALUATION FORM

Paper ID:					
Name of Presenter :					
Place comments after each rating.	Ratings (circle the appropriate numbers).				
CONTENT	Poor	Below Average	Average	Above Average	Superior
1. Organization of presentation	1	2	3	4	5
2. Professionalism of presentation	1	2	3	4	5
3. Use of visuals and color	1	2	3	4	5
4. Communication skills of presenter	1	2	3	4	5
5. Use of time	1	2	3	4	5
6. Handling of questions	1	2	3	4	5
OVERALL EVALUATION:	1	2	3	4	5

Signature of Session Chair