

**ABVP RESIDENT SEMINAR PRESENTATION  
EVALUATION FORM**

1. Title of Presentation: \_\_\_\_\_

2. Presenter: \_\_\_\_\_

3. Audience: \_\_\_\_\_

4. Number Present: \_\_\_\_\_

5. Date: \_\_\_\_\_

6. Content:

a. Accurate/Scientifically Correct                      Yes                      No

Comments: \_\_\_\_\_

\_\_\_\_\_

b. Current                      Yes                      No

Comments: \_\_\_\_\_

\_\_\_\_\_

c. Case Report:

Appropriate assumptions/deductions                      Yes                      No

Comments: \_\_\_\_\_

\_\_\_\_\_

Problems: Thorough/complete                      Yes                      No

Comments: \_\_\_\_\_

\_\_\_\_\_

d. Informative                      Yes                      No

Comments: \_\_\_\_\_

\_\_\_\_\_

7. Presentation/Delivery

a. Organized                      Yes                      No

Comments: \_\_\_\_\_

\_\_\_\_\_

b. Logical: \_\_\_\_\_

\_\_\_\_\_

c. Good use of visual aids                      Yes                      No

Comments: \_\_\_\_\_

\_\_\_\_\_

d. Articulate:                      Poor                      Average                      Good                      Excellent

Eye Contact                      Poor                      Average                      Good                      Excellent

Confidence                      Poor                      Average                      Good                      Excellent

Comments: \_\_\_\_\_

\_\_\_\_\_

e. Other delivery comments: \_\_\_\_\_

\_\_\_\_\_

8. Please rate overall presentation:

Poor                      Average                      Good                      Excellent