

**Benedictine University
Nutrition Department
Presentation Assessment Form**

To the student: Fill in your name, presentation date, and topic on *each* form in advance. Then, distribute copies of this form *after* the presentation to all members of your audience (e.g., employees, supervisory personnel, preceptors, Director). Include these forms, a tally of responses, summary of comments, and a self-evaluation of your performance. These reports may be hand-written if legible.

Dietetic Intern's Name: _____ Date: _____

Topic Title: _____

Circle one: INSERVICE or CASE STUDY or DEMONSTRATION

- Yes No (Benedictine University Director ONLY)
- () () Written report in advance
- () () Plans evaluation process
- () () Makes necessary arrangements (e.g. room, equipment, etc.)

| | Excellent 5 | Above Average 4 | Average 3 | Fair 2 | Deficient 1 |
|---|----------------|-----------------------|--------------|-----------|----------------|
| Presentation | | | | | |
| Gives introduction | | | | | |
| Sensitive to audience (e.g. room arrangements, visuals, etc.) | | | | | |
| Enthusiastic about topic | | | | | |
| Voice was pleasant, audible | | | | | |
| Language usage was correct and appropriate | | | | | |
| Delivery was practiced and smooth; speaker in control | | | | | |
| Avoids nervous habits; nonverbal and verbal (e.g. OK, umm) | | | | | |
| Budgeted time | | | | | |
| Visuals were legible and appropriate | | | | | |
| Content | | | | | |
| Purpose was clear, was logical, and easy to follow | | | | | |
| Material was presented in sufficient detail | | | | | |
| Stimulated discussion | | | | | |
| The student was able to answer the audience's questions | | | | | |

Comments:

- Presentation **strengths:**

- Presentation areas **needing improvement:**

Evaluator's Signature: _____ Date: _____