

**BENEDICTINE UNIVERSITY**  
**DIETETIC INTERNSHIP**  
PRESENTATION EVALUATION FORM

To the student: Fill in your name, presentation date, and topic on each form. Then, distribute copies of this form after inservice or case study presentation or demonstrations to employees, supervisory personnel, and dietitians. Include these forms, a tally of responses and comments, and a self-evaluation of your performance. These reports may be hand-written if legible.

Dietetic Intern's Name: \_\_\_\_\_

Type of Rotation: \_\_\_\_\_

Date: \_\_\_\_\_

Topic: \_\_\_\_\_

INSERVICE or CASE STUDY or DEMONSTRATION  
 Yes No (Benedictine University Dietetic Internship Director ONLY)

( ) ( ) Written report in advance

( ) ( ) Plans evaluation process

( ) ( ) Makes necessary arrangements(e.g. room, equipment, etc.)

	Deficient 1	Fair 2	Average 3	Above Average 4	Excellent 5
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)					
	Deficient 1	Fair 2	Average 3	Above Average 4	Excellent 5
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:

Strengths:

Weaknesses:

Evaluator's Signature:

Date:

Dietetic Intern's Signature:

Date:

DI Director's Signature:

Date: