

Southeastern Residency Conference

Presentation Evaluation Form

Presenter's Name: _____

Institution: _____

I am an assigned session evaluator

√ **Check One**
I am a...

Preceptor

Resident

Other _____

| *Should provide additional comments if score is selected | Check One | | |
|--|------------------------|-----------------------|--------------------------|
| | Below Expectations* | Meets Expectations | Exceeds Expectations* |
| Research | | | |
| Background <i>(pertinent details and project justification)</i> | | | |
| Purpose <i>(clear, concise research question)</i> | | | |
| Methods <i>(appropriate process to collect pertinent data)</i> | | | |
| Statistics <i>(appropriate for type of data and clearly described)</i> | | | |
| Results <i>(answers research question supported by findings)</i> | | | |
| Discussion <i>(description of findings explained clearly and accurately)</i> | | | |
| Conclusion <i>(implications and recommendations support findings)</i> | | | |
| Limitations <i>(appropriately identified and addressed impact on results)</i> | | | |
| Pertinent to pharmacy practice <i>(within resident practice site and/or elsewhere)</i> | | | |
| 1-2 Comments / Suggestions for Improvement: | | | |
| | | | |
| | | | |
| Presentation | | | |
| Topic knowledge <i>(accurate and proficient on topic)</i> | | | |
| Speaking style <i>(professional, audible, articulate, and well-paced)</i> | | | |
| Non-verbal skills <i>(suitable eye contact, body language, and hand gestures)</i> | | | |
| Slides <i>(readable, professional, easy to follow, and organized)</i> | | | |
| Ability to address questions <i>(organized thoughts, poised, and insightful)</i> | | | |
| Able to improve audience's understanding of topic | | | |
| 1-2 Comments / Suggestions for Improvement: | | | |
| | | | |
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