Grand Rounds Presentation Evaluation Form

Please use the following guidelines when filling out the evaluation form:

- **Poor**: significant improvements needed; serious lapses in quality
- **Fair**: more attention needed in this area; quality is below that expected
- **Good**: a solid presentation; on par with expectations for speaker’s level of training
- **Very good**: high quality; stands out from the average speaker/presentation
- **Excellent**: exceptional; no/minimal suggestions for improvements; it doesn’t get much better than this!

Clinic Number: __________________________

### First Speaker: _______________________________
- Poise, physical presentation (posture, movements, gestures)
- Desire to communicate (animated, energetic), eye contact, use of laser pointer
- Use of voice (volume, rate, fluency), word choice (professional)

### Second Speaker: _______________________________
- Poise, physical presentation (posture, movements, gestures)
- Desire to communicate (animated, energetic), eye contact, use of laser pointer
- Use of voice (volume, rate, fluency), word choice (professional)

### Third Speaker: _______________________________
- Poise, physical presentation (posture, movements, gestures)
- Desire to communicate (animated, energetic), eye contact, use of laser pointer
- Use of voice (volume, rate, fluency), word choice (professional)

### Fourth Speaker: _______________________________
- Poise, physical presentation (posture, movements, gestures)
- Desire to communicate (animated, energetic), eye contact, use of laser pointer
- Use of voice (volume, rate, fluency), word choice (professional)

### GROUP
- Preparation & depth of knowledge of topic
- Introduction
- Clarity of sequence of presentation
- Conclusion

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

**COMMENTS:**