ACP Formal Presentation Evaluation Form

Student _____ Evaluator _____
Date_____

Topic_____
_____

Audience: Nurses _____ Physicians_____ Pharmacists _____ Patients _____

Others (list): _____

5 **Excellent**	4 **Developing Excellence**	3 **Satisfactory**	2 **Needs Improvement**	1 **Unsatisfactory**
Student has excelled in performing the competency, works independently. Student has completed the work and exceeded activity requirements.	Student performed the competency very well, was above average in effectiveness and/or consistency.	Student performed the competency at an acceptable level. Assistance or guidance from preceptor was occasionally necessary.	Student attempted but did not achieve competency in all areas. Needs improvement.	Unacceptable. Performance was below expectations. Needs significant improvement.

Category	**Score**						**Comments**
	5	4	3	2	1	N/A	
1. The student was well prepared.							
2. The student presents pertinent data and information.							
3. The student answered questions effectively.							
4. Printed material and/or visual aids were well prepared and utilized effectively.							
5. The student was properly attired.							
6. The content of the presentation met matched the needs of the audience.							
7. Delivery includes direct eye contact and avoidance of distracting mannerisms.							
8. The presentation is logically organized and information is clearly explained.							
9. The difficulty level of the presentation was appropriate.							
10. The student effectively utilized the time allotted for the presentation.							
11. The student used proper enunciation/pronunciation of medical terminology.							
12. The student exhibited command and thorough knowledge of the subject matter.							

Mean Score: _____ (will be between 1 and 5)

Evaluator Signature: _____

This score should be entered on the bottom of the Student Competency Evaluation Form to contribute toward the student's final grade for the rotation. Comments may be written below or on the back of this page.