Co-op Presentation Evaluation

Student Information

Student Name:

Program:

Work Term Period:
- o   Winter (Jan – Apr)
- o   Summer (May – Aug)   Year:
- o   Fall (Sept – Dec)

Employer Information

Name of Organization (Please Print):

Supervisor's Name (Please Print):

Supervisor's Phone Number:

Supervisor's Email Address:

Supervisor's Signature:

Presentation Details

Title:

Date of Presentation:

Length of Presentation:

Presentation Evaluation

TECHNICAL CONTENT   Score: /40

Suitability of topic
Knowledge of topic
Analytical content
Ability to engage audience
Appropriate tables/figures

STRUCTURE   Score: /30

Clear introduction, body and conclusion
Appropriate structure/format
Clear and logical flow

DELIVERY   Score: /20

Speak clearly and concisely
Maintain eye contact
Use of professional language
Well-rehearsed and delivered

VISUAL AIDS   Score: /10

Appropriate tables/figures
Adequate number of slides
References cited appropriately
Accurate spelling/grammar

TOTAL SCORE: /100

OVERALL GRADE	Excellent 85-100	Good 71-84	Satisfactory 60-70	Fair 51-59	Unsatisfactory 0-50
	○	○	○	○	○

EVALUATOR'S COMMENTS

Clear Form