



ABVP RESIDENT PRESENTATION EVALUATION FORM

1. Date: _____ Length of Presentation: _____

2. Title of Presentation: _____

3. Name of Presenter: _____

4. Audience Members: _____

5. Number Present: _____

6. Evaluation of Content

a. Accurate/Scientifically Correct Yes No

Comments: _____

b. Current/Relevant Yes No

Comments: _____

c. If Case Report
Appropriate assumptions/deductions Yes No

Comments: _____

d. Informative Yes No

Comments: _____

7. Evaluation of Presentation/Delivery

a. Organized/Logical Yes No

Comments: _____

b. Good use of visual aids Yes No

Comments: _____

c. Articulation: Poor Average Good Excellent
Eye Contact: Poor Average Good Excellent
Confidence: Poor Average Good Excellent

Comments: _____

8. Please rate overall presentation:

Poor Average Good Excellent

9. Name of evaluator: _____

Residency Advisor Diplomate/Specialist Other

10. Signature of evaluator: _____